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Alberta Looks to the Future

Western people are said to be fond of trying out new ideas and of being fearless in experimentation with new methods. Whether this be true or not, we now feel that the time is ripe for action in the matter of improving working conditions in hospitals, stabilizing hospital staffs and providing more social security for staff nurses.

There have been some excellent publicity and recruitment programs carried on throughout the provinces during the wartime years but we have been loath to attempt any investigation or criticism of conditions as they exist while hospitals are so heavily burdened with "more work and less staff".

At the present time, salaries for nurses are at a higher level generally than they have been for some years. Yet many of us can recall the not-too-distant past when salaries fell to an extremely low level. It was with the idea of standardizing salaries in hospitals as well as stabilizing hospital staffs that a committee of the Alberta Association of Registered Nurses was appointed to make a study of this question and to draw up a schedule of minimum and maximum salaries for all categories of nurses in all types of hospitals. This committee is to work co-jointly with a committee from

Rice, Montreal

BARBARA BEATTIE

the Associated Hospitals of Alberta who will report to their executive on the progress made.

This schedule will include such information as yearly increments, vacations with pay, sick leave, hospitalization, as well as schemes for superannuation. Suggestions are being included for the benefit of hospital administrators regarding the organization and numbers of hospital staffs, of the need for special preparation for key people and the recommended hours of work for nursing staffs. This schedule will be presented to all nurses and to all hospitals for constructive criticism and the finalized form will be presented to the members of the Associated Hospitals of Alberta at their annual meeting this Fall for their approval and acceptance.

While this study has entailed a great deal of work and many committee meetings, we feel that it has made us more aware of the need for projects of this kind. The organization of a placement bureau within the province, with the director making personal contact with hospitals, will also, we feel sure, help to unify hospital standards, and will bring the problems of our hospitals closer to our organization.

We are also convinced that the working together, in close co-operation, of these committees of the two organizations chiefly concerned with the care of the sick, will do a great deal toward the betterment of working conditions and the provision of more social security for the nurses of Alberta.

BARBARA A. BEATTIE
President
Alberta Association of Registered Nurses

To Do or Not To Do

The "cease fire" order has sounded in the greatest of all wars and from far and near prayers of thanksgiving have been offered by a world rallying to make a lasting peace. The nurses of Canada have cause to rejoice that it has been their privilege to do so much at home and abroad and that their particular knowledge and skill are now equally needed in the rebuilding of a shattered world.

The immensity of the task ahead is difficult to comprehend and this very thing is apt to confuse our thinking, making us regard as small that which is great — the care of the sick. That is our first responsibility.

For many years a stalwart band of nurses has stayed on the job in our civilian hospitals and to them the public (and we all are part of the public) should give thanks. But the stalwart band can no longer alone shoulder the responsibility for the nursing of the thousands of patients in our general hospitals, tuberculosis and mental sanatoria. Who then is to do it? We hear that nurses want to get away from bedside nursing. This has been discussed already in a recent editorial in this *Journal*. We hear, too, that nurses no longer wish to work in institutions and this is being glibly repeated as if the entire fault lay in the institution. In both instances is there one common reason for this dislike?—namely that night duty must be done and nurses must be on duty on Sundays and holidays and in the evenings. Illness and suffering take no heed of time.

What then is the solution? We are told that women with little preparation did good nursing during the war years and undoubtedly they helped in the emergency. But would we wish them to nurse any one through a serious illness? Would we not be highly critical of an institution where such a situation existed? And would we ourselves not demand nursing care on all days and at all times? Have you or I the right to demand what we are unwilling to give others?

During the war years the Canadian Nurses Association has endeavoured to keep its professional house in order so that with the coming of peace we would be prepared to embark on an expanding program of service. To do this it behooves every nurse in Canada to study the trends in our present day nursing situation. If, in our considered judgment, some nursing duties can be delegated to a less highly qualified group, the responsibility becomes ours to ensure that these persons are so trained and supervised that none may suffer. It behooves us, too, not to emulate the Levite who passed by on the other side leaving the wounded one uncared for. If the thing nurses wish to do is allowed to take precedence over the thing we ought to do then will public opinion condemn us and nursing as a profession will be doomed.

FANNY MUNROE
President
Canadian Nurses Association.

Sign Your Name for Victory!

So the war is over! It seems hard to realize after so many weary months that there will be no more worry from casualty lists, that ships may sail at will through safe seas, untroubled by anything more treacherous than the hazards of storm and reef. Soon the thousands of young men and women, including our nursing sisters, will have returned to this, our peaceful land. We are all familiar with the scenes of excitement of exuberant happiness and, above all else, of thankfulness that our loved ones are safely home or soon will be. Yes, we may well be thankful that the war is over.

But wait a minute! Is it all over? In our joy at the safe return of our own family members and our friends, are we likely to become a little over-satisfied, a little *blasé* about the job that still remains to be done? Where there has been so much destruction and desolation there must be enormous programs of rebuilding, of assistance to those who have been bereft, of re-instatement to such health and vigour as is possible for those who have been maimed. That, too, is expensive business. Again, Canada is calling for the loan of money to assist in the business at hand. Again nurses are being asked, not to donate, but to invest their money in the safest security obtainable — Victory Bonds.

The objective for this, the ninth Loan, is high but it is no greater than our resolve should be that Canada will play her role in establishing the peace, in assisting bruised and battered nations to find a new hope, and in defeating any tendencies to inflation. Let us demonstrate our faith by buying more and more Victory Bonds. Sign *Your* Name for Victory!

The Future of Nursing

J. C. Meakins

M.D., C.M., C.B.E., F.R.C.S., F.R.C.P., F.R.S.C.

The present course of training in nursing is one which demands not only a great deal of intellectual application, but also considerable physical endurance. Compare it, for instance, with the work leading to a bachelor of arts degree. This course usually covers 108 weeks, spread over some forty months, while the nursing course is one of 156 weeks, concentrated into thirty-six months. It will be seen that the course of study and training is not only longer, but it covers a shorter period of time. There are those who believe that the nursing course should be lengthened and there is much to be said in favour of this suggestion. There is, however, another group who believe that the present basic course in nursing is adequate to the purposes for which it is designed. Indeed, there are some who believe that such training is too elaborate to meet what might be called the simple technical aids in nursing. I will have more to say concerning this later.

We are living in a period of rapid change and the philosophies of the past must be reviewed in the light of future expectations. Up to comparatively recent times the principal outlet for the nursing profession was in what is usually called private duty nursing. In 1931, slightly over 60 per cent of the practising nurses on the register were so employed and only about 40 per cent followed other nursing activities. In 1943, twelve years later, the private duty nurses constituted only about 25 per cent, those engaged in hospitals and schools of nursing 50 per cent, while industry, public health and other activities claimed the remaining 25 per cent. This shrinkage of the number of private duty nurses has been the cause of much complaint by a certain section of the public.

It has been the fashion to blame the shortage of nurses on their enlistment in the Armed Forces. These enlistments numbered around thirty-seven hundred nurses. I do not wish to bore you with too much arithmetic, but in 1943 there were about fifty-two thousand nurses in Canada. Of these, some twenty-five thousand were actually engaged in the practice of their profession, so that the number robbed from the general population by the Armed Forces was less than 15 per cent. Compared with the medical and dental professions this is a comparatively insignificant number, as there were about 40 per cent of the doctors and 30 per cent of the dentists of the country in the Armed Forces. There are other factors which are of much greater importance in bringing about this apparent shortage. Probably the first and most demanding has been a steady rise in the incomes of a large group of the population who can now afford the luxury of enjoying ill-health. This is reflected in the long waiting lists for private and semi-private accommodation in large general hospitals. It cannot be, surely, that there is more illness in the population with the present raised economic standards. Cannot it be that they are now taking advantage of an opportunity to have their frames and "innards" tidied up? It is interesting that the medical diseases are on the decline, except for high blood pressure, which has so often a psychological factor in the offing. Whatever may be the cause, the fact remains that private duty nurses are in greater demand with a diminishing supply. There are only a little over six thousand available now as compared to about fourteen thousand in 1939. It is also an established fact that there is a rapidly increasing requirement for well-qualified nurses in hospital positions, administration, teaching, public health,

etc., which now amounts to upwards of fifteen thousand of the nurses on the active register. This makes the requirements for the Armed Forces seem rather insignificant.

It may be asked where the other twenty-seven thousand nurses are employed if not in their profession. This is a question easily answered. Over twenty-five thousand are employed as housewives, and a mere eighteen hundred are otherwise engaged. It might be contended that this is a tremendous wastage of nursing education. With this I cannot agree, although I would like to see many more nurses available. Perhaps there is no course of study and training which prepares a woman for her place as a good citizen better than does that of nursing. She acquires a knowledge of the world, a sympathy for the underdog, and skills which are of great importance whether within or without the household. There is no reason to believe that the marriage rate is higher amongst those with a nursing training. As a matter of fact, it may even be lower, as many young women who enter the nursing profession become absorbed in its professional and humanitarian fascinations, which are of no mean order, and these protect them as an armour does, so to speak, from the onslaughts of biological and economic forces.

The training and professional services required of a private duty nurse have changed considerably in the last generation. The duties of such nurses, after graduation, could roughly be divided into three classes — first is the nursing care of the acutely ill medical or surgical case; secondly, the guidance of convalescents and, thirdly, the care of the chronically ill or chronic invalid. The professional qualities required in a nurse looking after these groups are not, by any means, identical. In the acutely ill medical or surgical case the nurse is required to do many technical and professional procedures which thirty years ago were unheard of. She is the physician's or surgeon's right hand in more ways than one and many of the technical procedures, which she will be called upon to do, would not be required in the last two categories. Those who give serious thought to the matter of illness are convinced that convalescence and the care of the chronically ill should not be the responsibility of the active treatment hospitals. It is not only wasteful and extravagant, but the job cannot be done as well in such hospitals as in institutions of a simpler, but special character. It seems a popular opinion that convalescence is merely a period of interminable rest. Nothing could be farther from the truth. Convalescence requires just as dynamic and scientific an approach as does the acute phase of disease. It is not only based upon definite physiological laws, but also requires a psychological approach of a particular quality. During the past ten years, the evils of prolonged bed rest have been increasingly appreciated. The management of convalescence and the care of the chronically ill require special techniques which in many ways demand psychological discernment of the highest level and training in physical and occupational methods.

I believe that this can only be met economically when the nursing profession appreciates that the study and training of those who will be responsible for the convalescents and the chronically ill are of a different order, and require a different type of approach, and probably also a different age group than for those taking care of the acutely ill medical or surgical case. I firmly believe that a great deal of good and much economic and psychological gain would result from having a corps of women trained in the care of the convalescent and of the chronically ill, not only in institutions but also in private practice. There are few institutions outside of the Armed Forces that have tackled the question of convalescence in a scientific manner. The Armed Forces have appreciated the vital necessity of not only the physi-

cal and psychological re-education of the sick and wounded who are capable of continued service, but also the importance of these same disciplines towards rehabilitation to civil life. Certain of the industries are appreciative of these necessities and one of the principal difficulties has been to find men and women who are trained to accomplish this purpose. How many of you realize the dependence which many people acquire during a period in the security of a hospital? There is a submerged fear of meeting the outside world again which exists in direct proportion to the duration of the hospital sojourn. Therefore, this stay should be as short as possible and the transition from the environment of illness to that of convalescence should be definite and purposeful.

You may think that I am seemingly trying to avoid grappling with the problems of the future of the nursing profession. I confess that to a certain degree I am. I am perfectly convinced that the demand for administrators, teachers, supervisors, public health and industrial nurses will steadily increase and this will be accelerated in direct proportion to the progress of social legislation throughout the country. It is true that there will be also an increasing demand for social service workers who are the colleagues of the nursing profession in the operation of the so-called social security. Whereas this may slightly reduce the expected requirement for public health nurses I think, in the long run, with the more equitable distribution of health services to the people, on what might be called a county level, both these professions will become increasingly necessary to the medical profession to carry on the work which lies ahead. It is obvious at the present time that one of the chief deficiencies in medical services is the mal-distribution of doctors throughout the rural and sub-rural districts. This is equally so with the nurses and social service workers, but with the re-orientation of medical services and with the proper distribution of the facilities and tools to carry on a personal health service, more and more nurses and social workers will be required.

It would seem to be the temper of present public opinion, and of governments which reflect this, that social legislation will develop a greater and greater demand for those facilities which will maintain health and inculcate a concept of health as distinct from that of disease. During the last century public health has made enormous strides forward. This is particularly reflected in the steady decline of morbidity and mortality from the communicable diseases. As a consequence the expectation at birth is now somewhat over sixty years and at the present time about 30 per cent of the population are over forty-five. By 1980 this percentage will have risen to forty. It is a well known fact that the acute communicable diseases strike at those in the younger age brackets, while the more chronic degenerative diseases, which require more prolonged convalescent nursing care, are usually to be found in the older age groups. As a consequence, with increasing longevity, the demands for nursing care will shift to those requiring prolonged convalescence and to chronic disabilities. Therefore, it is obvious that there will be an increasing need for a particular type of nursing. But is it logical that the nurse trained to care for the acutely ill, which necessitates a highly technical training in many ways similar to that required of a medical student, should be used to care for individuals who do not require such skilled nursing?

These matters may seem to be only of academic importance. I assure you it is quite the contrary. We are facing a situation today in the fight against tuberculosis, for example, which is almost catastrophic. This disease can only be mastered by finding the infectious cases and segregating them in sanatoria. The first stage is going on apace through the work of public health organizations. But

how about segregation? There has been a more or less successful campaign over the years for more beds. Now that we have them they cannot be used; indeed, wards are being closed in increasing numbers because of the lack of nurses. The tuberculosis problem is not an exception, but applies to mental hospitals, many general and rural hospitals as well. Where the wards are not closed the institutions are understaffed. The question naturally arises—will we ever have enough of the present calibre of graduate nurses to meet our requirements? I doubt it, unless this matter is viewed with a broader horizon and the graduate and specially trained nurse properly employed.

I believe we need more nurses specially trained in administration, education, public health, industry, operating room technique, psychiatry, midwifery, tuberculosis, convalescence, etc., but to supply all of these we would make serious inroads into the ranks of general staff nurses. Further, it would not be economical that such specialists should do all of the work required in these realms. They should be supplied with technical assistants as is done in other professions and occupations.

I do not think the medical profession has by any means solved its difficulties, but it has made some progress. The demand for graduate training has steadily increased; so it should in the nursing profession, but within reason. Thirty years ago doctors were thought to be the only ones equipped to carry out certain technical procedures in chemistry, physics, bacteriology, etc. These are now much better done by technicians. Without their help the practical application of medical science would be impossible. So I believe it should be in the nursing profession and we have indications to this end. Two ancillary occupations are growing rapidly, namely, ward or nursing aides and trained attendants. Both will fill an increasingly important role. The former can relieve the nurses in many institutions of numerous non-nursing duties which are time-consuming and of a routine quality. I further believe there is an important place for the trained attendant or her prototype in the home. We must be realistic about present and future requirements. I do not suggest that the training of nurses should be depreciated or curtailed but we must take a broad view of our requirements. Unorganized planning will lead only to confusion and waste. We are on the threshold of an enormous expansion of nursing and all it implies, but this must be met not only by high standards where required, but also by fluidity and flexibility. No campaign was ever won by field marshals alone but by the combined efforts of every arm of the services, each working in its proper place and after its special training.

Training Defectives in Institutions

H. D. L. Goodfellow

Let us first view the question of the changing philosophy which has brought a new attitude toward training the mentally retarded. To use the most appropriate meaning of the word philosophy in this connection — the way — the trend — the changing influence in thought toward the so-called defective.

Prior to 1876 there was no marked appreciation of the upper grade defective as a social problem; much less was there any organized association on this con-

tinent dealing with the subject of the mentally retarded. The sight of an obvious idiot or imbecile was commonplace in nearly every community. They were tolerated, baited, teased and usually neglected. No attempt at formal care was considered unless they became destructive or obstreperous and then they were relegated to jails or alms houses. Retarded family groups were looked upon as just "queer" and subsisted upon local charity.

There is no room for doubt that the more extreme degrees of feeble-mindedness — idiocy and to a certain extent imbecility — have been recognized from early times. For the Spartans, idiocy presented a social problem that was dealt with in the sternest eugenic fashion and obviously defective children are said to have been cast into the river or left to perish on the mountainside. The laws of Lycurgus countenanced the deliberate abandonment of idiots, a practice which was followed to a certain extent throughout Greece according to Cicero, and among the Romans also.

The Greek roots from which the word "idiot" is presumably derived are "iditas", a private person; or "idios", a person set apart, or alone: thus the old concept that such people are outside the pale of society. It was as such extra-social beings that the feeble-minded for many long centuries were commonly shunned, ostracized, derided, persecuted as witches and fortune-tellers, creatures considered incapable of human feeling, and, therefore, undeserving of human compassion.

The example of Christ's teaching as to the duty of mankind to the weak and helpless appears to have brought some alleviation to the lot of the mentally deficient, and from that time on there were sporadic instances of the recognition of social responsibility for the care of the feeble-minded.

Among the Turks of today and in some parts of Ireland and Brittany, the extravagant idea prevails that these defective youngsters are children of God. The American Indian also allowed these children of "The Great Spirit" to go unharmed. With such incidents the predominance of superstition is evident. As late as the days of the Reformation, Luther and Calvin regarded these mental incompetents as "filled with Satan."

The scientific approach came about 1798 with the work of Bonaterre, Itard, Seguin and Montessori. The first approach was through the physiological channel of sensory development. Originally it had been thought that these cases could be cured completely. Though progress was made in developing certain capacities, the objective never was realized but the viewpoint gained was a valuable one and is the basis upon which we work today. Though the defectives cannot be completely restored, their native endowments can be invested through proper training and brought to fruition with some measure of profit to the community of mankind. To paraphrase and better illustrate the point — we are all born at a fixed intellectual level; we cannot change that level any more than we can change the number of our hands or our eyes, but we can condition and develop these capacities to the best possible limit.

About 1900 work began along the line of individual mental tests. In the years 1909-1912 these tests began to assume some import in the field of education and gradually acquired a popular appeal with their present-day influence in our sociology. An ever-widening understanding of the idea of mental limitation is permeating society. Coupled with this goes the idea of treatment and a more wholesome knowledge of institutions.

To treat the question of the defective in the community we should perhaps arrive at a true understanding of what a defective really is. When the topic of mental deficiency is discussed, no doubt you consciously conjure up a picture of "Mary", "Jimmie", or "Sa-

die" with whom you are so well acquainted, and are indeed quite certain they belong to this so-called variety of mankind. One should be able here to enumerate all the anecdotes and howlers so rare and so typical of some defectives. A proper index of these incidents would be as good as Stephen Leacock's "Literary Lapses", but I am sure would prove too distracting to our more serious vein of thought.

The mental deficiency act of 1927 says that: "Mental defectiveness means a condition of arrested, or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury". That is the formal definition, but to further simplify the wording—mental deficiency in the higher grade defectives is a matter of social and economic incompetence. This social and economic incompetence is absent in varying degrees in different defectives. The more obvious require continual and complete care. The higher grades require training and direction of their native capacity. The high grade defectives remind one of the story in the Scriptures about the talents: defectives must definitely have their talents invested, i.e., through a sound appraisal and through good direction. No class of individual will reflect so clearly or so stringently the influences about them as the defective. Like a mirror they reflect their social pressures.

One must always bear in mind that defectives live more by habit than by judgment. They may be adult of stature but always child of mind. To adequately direct a retarded person we must continually repeat these facts, otherwise we will lose patience and fail to get the goodwill and co-operation of the boy or girl concerned.

This changing philosophy is further noted in the attitude of the courts towards offenders. Those suspected of intellectual limitation are examined, diagnosed and committed according to the measure of their understanding. It is not so long ago that many of these cases were treated as sinners rather than as sick. Fortunately, with the application of psychological knowledge, these people who come in conflict with civil ordinances are recommended for care and training rather than punishment beyond their power of comprehension. We are gradually learning the lesson which intelligence tests have to teach. We no longer blame the mentally defective for industrial inefficiency, nor punish weak-minded children because of their inability to learn, imprison or hang mentally defective criminals because they lack intelligence to appreciate the ordinary codes of social conduct. According to an old oriental maxim, "It is better to light one small candle than to curse the darkness". By our wider knowledge of the subject and more humanitarian views, the philosophy is definitely changing. The democratic maxim of today says that, "Education is the cheapest defence of the nations." There is certainly no doubt that proper education of the defective is by far the greatest protection for posterity and enables this group to make a definite contribution to society.

The contribution to society is in direct relationship with the degree and soundness of the training given to each boy and girl either at home or in an institution. We are here interested in the training of the higher grade defectives, those unrecognized but a few short years ago, i.e., the moron, border-line and dull normals. Let us here refer to them as intellectual inadequates, not as cases of gross defect. In the majority of cases if the boys and girls of these groups had had good home direction with even-handed immutable justice they would not have been formally and publicly identified as mental defectives. However, for those that are identified a suitable form of care and direction is then necessary. We come now to the place of the institution and its allied links for training and rehabilitation.

Through time and development some of the misunderstanding and misconceptions about institutions are gradually being removed. It is our policy in Orillia that every interested guest receive some sound first-hand knowledge of the place of an institution of this kind in the social life of the Province. Each intelligently informed visitor can be made a good-will ambassador, a missionary to further a good cause, to offset untrue and nebulous rumour.

The institution at Orillia is blessed by many physical features in its geographical location but above all it is most fortunate in having a genial headmaster, a superintendent who is quiet, kindly, not easily perturbed and certainly not blown by the contrasting currents of flash notions. Such an atmosphere makes for a sound, stable organization. Changes and developments are not incidental — they are growth changes which, when gradually developed, have a purpose and a permanence in the life of the institution and its projective influence on the subjects trained.

Our school program is set up to teach the mentally defective child, rather than to teach academic subjects to mentally deficient children. In every field, the curriculum of training program is adapted to the pupil's ability and needs. The child must be able to achieve success and to arrive at a definite goal that is both desirable and useful. A reasonable goal must be set and teaching planned for this directly. Teaching on the level suitable for the normal child would be foolhardy. Too often pushing the child into an opaque strata of learning beyond his ability has many untoward and unpleasant by-products.

In planning for our boys' and girls' institutional life, we first make a sound appraisal of their physical, mental and temperamental capacities and arrange their initial placements according to these findings. We have a fitting motto which may have a wealth of meaning to you. It is, "From everyone according to his ability, to everyone according to his need." In other words the program is almost individually planned to give the greatest happiness to and to produce the highest possible industrial efficiency from each person.

The institution of today is an entire community and indeed such communities are much larger and more complete in their public services and facilities than many villages in this Province. The Orillia institution consists of about 500 acres of land upon which much of the food and all the milk is produced. Academic school, sports activities and amusements, laundry and industrial facilities, hospital, x-ray, dental, psychological, dietetic, surgical and remedial programs all contribute to a general plan of happiness and well-being.

As I said before the public conception of institutions is much happier than it was some twenty years ago. Gradually the public has been made aware of the fact that these institutions are the property of the public and are only as good as public interest and public encouragement. Irregardless of the excellent quality of your staff their efforts are curbed without funds and wise cooperation.

In 1876 an association was formed by the officers of the American institutions for the feeble-minded. This association has gone through various name changes and today is known as the "American Association for Mental Deficiency." Before going on to an outline of the institutional training, a brief moment should be devoted to the objectives of this association. Some of these objectives are:

The construction of institutions for the feeble-minded.

Clinical and pathological investigation to determine more exactly the causes of mental deficiency.

Mental examination of all backward children. Early recognition of existing mental defects affords the greatest opportunity for the child.

A complete census and registration of all mentally deficient children of school age.

The establishment of special classes for feeble-minded children in large towns and cities.

The instruction of parents of feeble-minded children.

Extra-institutional supervision of all defectives in the community.

The segregation of mentally deficient persons for institutional care and training with a permanent segregation of those who cannot make satisfactory social adjustments in the community.

Parole for all suitable institutionally trained mentally defective persons.

A mental examination of persons accused of crime and all inmates of penal institutions.

Special provision for defective delinquents.

The objectives as you can see require the co-operation on the part of teachers, social workers, parole officers, court officials, prison officers, physicians, psychiatrists, psychologists, nurses and all intelligent citizens.

The institution then becomes the hub of such a many-spoked wheel, and is only as good as its officers and employees irregardless of the physical grandeur of the plant. Adequate professional training, good personal orientation, and a realistic appreciation of the problems of the mentally deficient are particularly necessary in those institutional officers and employees whose work is supervisory or policy forming. There must be a free and frank interchange of ideas and ideals among all institutional employees, including the administrators, the supervisory officers, and the teacher and teacher-attendant groups. There must be a professional interest in the efforts of other workers in the field of mental deficiency and, above all, a professional attitude towards research and experimentation. The institutional worker must be permitted and encouraged to see his task as part of a larger social problem and to view his daily efforts as a valuable and essential social service.

Our institution for the mentally defective in Ontario has an enrolment in excess of two thousand patients made up of all levels from idiocy to the borderline groups. The educational objective for institutional employees is one of training and care for all. Everyone must come under some organized and stimulating development from the low grades to the high grades. We work on the basis that no one is so low grade they cannot learn something, even if it is only some measure of personal care. The imbecile can be trained to a point that he can be returned to his own home, fitted to live pleasantly and usefully with his family, or to fill some niche of service in the daily life of the institutional milieu. The moron, provided he has the proper temperamental capacity, is prepared for a resumption of community life.

The high grade cases begin training and orientation as soon as they come to the school. Following the induction program of examination and documentation an interview is arranged. Their particular problem and capacity is known and discussion is carried in the light of this knowledge. The institution is depicted as a large community in which good and bad company can be selected. It is amazing just what a fine social indicator these friendships make. They exemplify clearly the old adage, "Tell me your company and I will tell you what you are." At the termination of this interview a training placement is assigned. Such assignments are made, having cognizance of the type of work and the type of staff supervisor most suitable to the individual in question. Regular daily contacts ae made with their training department with a view to assisting both patient and staff member to become better acquainted. Regular monthly progress notes are kept on all cases and transfers from one training department to the other are based on these progress records. The entire plan is devised with the objective of fitting these cases for satisfactory harmonious placements in the community. Laundry, sewing and mending, general household

tasks, domestic science, and dining room service cover the major items in the courses. The latter states of the training are endowed with wider social privileges, such as a special residence for a small select group providing normal living environment with personal responsibilities attendant upon these privileges. Free access to out-door sports and wider freedoms for town leave are given. Running in conjunction with the entire course is opportune reading and instruction in personal hygiene, social ethics and the mores. At the completion of this course a Colony House service in Toronto provides the guidance and final amelioration for the girls. The boys are placed directly from the school or through the Working Boys' Home in Toronto.

This Colony House plan has proven to be an indispensable medium of encouragement. It enables these girls to eventually experience the joy of achievement; an achievement still directed by a vise and tolerant hand.

With the progress of time and wider knowledge the public has made the transition from selfish and ignorant unawareness to the reality, that in words of Seguin, "God has scattered among us rare as the possession of genius — the mentally defective, the blind, the deaf mute, in order to bind the rich to the needy, the talented to the incapable, all men to each other, by a tie of indissoluble solidarity." The old bonds are dissolving; man is already unwilling to continue to contribute money or palaces for the support of the indolent nobility, but he is every day more ready to build homes and give annuities for the unfortunate, or infirm, the chosen friends of Christian philosophy. This transition is the corner stone—the token of a new alliance between humanity and a class hitherto neglected.

Let us again remember, "It is better to light one small candle than to curse the darkness." May we still be enabled to continue this valuable work for posterity.

Hospital Health Service

ELSIE HICKEY *and* VIOLET CARROLL

Hospital Health Service in Toronto dates from the year 1905, when Dr. H. C. Parsons, clinician in charge of the tuberculosis clinic at the Toronto General Hospital, requested the services of a nurse to assist him in the clinic and to do follow-up work in the homes of the patients attending. He realized that his work would not be as effective as it should be unless work in the clinic and the home could be co-ordinated. In response to this request, three members of the Board of Directors of the Hospital paid the salary of a nurse for one year. This brief experiment proved conclusively the value of the service and the necessity for it to be continued. It was also felt that this was a community rather than a hospital responsibility. Dr. Parsons then approached the Medical Officer of Health and recommended that this nurse be taken on the staff of the Department of Public Health and that her salary be paid by the city. This was eventually arranged and the first public health nurse appointed in Toronto was a hospital health service nurse. From this beginning, the Nursing Division of the Department of Public Health has extended its service into all the general

hospitals of the city. In the Toronto General Hospital, the hospital health service staff does the venereal diseases and tuberculosis work only, as this hospital has its own department and staff of public health nurses financed by the United Welfare Chest.

Hospital health service is one of nine units of the Nursing Division. The staff consists of eighteen full-time and two part-time nurses, six epidemiologists, two tuberculosis nurses and three clerical assistants. This unit gives full time service in five large general hospitals, part time in three smaller ones, and in four sanatoria. The total field staff of the Department accept the follow-up from hospitals as an important part of their work and endeavour to bring the total resources of the community, both health and social, into play as required in the interest of the patient and his family. This is done in exactly the same way as though the patient were ill at home rather than in a hospital. Many of the field nurses have had hospital health service experience, as it is considered good policy to rotate the nurses occasionally in order that the viewpoints of both hospital and community may be kept fresh in the minds of all.

The function of the hospital health service nurses is based on the following:

1. On behalf of the patient she acts as coordinator between home, hospital and interested agencies, by: (a) Assembling for the physician all factors bearing on the case, such as home conditions, type of care the patient will receive on discharge, etc.; (b) translating to the field staff the physician's orders for treatment and management in the home.

2. Health teaching and interpretation of the physician's orders to the patient or member of the family.

3. Assistance in dealing with problems and difficulties of patients, including mental adjustment to illness, and detection and referral of social problems.

The hospital health service nurses, with the exception of two, give full-time service in the hospitals to which they are assigned, and have an office in the out-patients' department. They are in regular attendance at the following clinics: pre-natal, post-natal, chest, diabetic, syphilis and gonorrhea, and in addition give service at the Hospital for Sick Children to the cardiac, eye, orthopedic and neurological clinics. The nurses assigned to the various clinics are also responsible for the same type of patient on the public wards. Other patients, both clinic and on the wards, are dealt with largely by referral. This close contact with the patients provides splendid opportunity for carrying out the function of the service as previously outlined.

Information, reports and requests for information are sent routinely to the field staff on certain types of cases from in-patient and out-patient service and on many others when follow-up work is indicated or the physician desires information. For instance, a report is sent to the district on the first attendance at clinic of every expectant mother. Conversely, the field nurse, in addition to the routine reports, sends to the hospital related information which she may have on any patient attending clinic or on the ward. Routine reports of home conditions are forwarded on every infant admitted to the Hospital for Sick Children, and similarly the physician's instructions for continued care are sent to the district nurse on every infant upon discharge or attending out-patients' department. Too, a report is sent on all suspect or contact tuberculosis patients attending chest clinic, with such information as length and type of exposure and any other data which have bearing on the case.

In addition to the regular hospital health service nurses, there are six public health nurses as epidemiologists in the syphilis and gonorrhea clinics whose duties include interviewing new patients, and locating and arranging for subsequent examinations of the contacts of

HOSPITAL HEALTH SERVICES
INDOOR *and* OUTDOOR - 1945

Director of NURSING DIVISION

ASSISTANT DIRECTOR

Superintendent of HOSPITAL HEALTH SERVICE

FUNCTION

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   By – (a) Assembling for the physician all factors bearing on the case, such as, home conditions, type of care the patient will receive on discharge.
   (b) Translating to the field staff the physicians orders for treatment and management in the home.
2. *Health teaching and interpretation of physicians' orders to the patient or member of the family.*
3. *Assistance in dealing with problems and difficulties of patients, including mental adjustment to illness, and detection and referral of social problems.*

TORONTO GENERAL Hospital — P.H.N.

SAINT MICHAEL'S Hospital — P.H.N.

TORONTO EAST GENERAL Hospital

HOSPITAL FOR SICK CHILDREN

SERVES

Infants
Pre-school
School child
Adult

ARRANGES

Follow up in homes
To secure appliances
Care of convalescent patients
Care of chronically ill patients

WORKS CLOSELY with DISTRICT STAFF

ATTENDS THE FOLLOWING CLINICS

Chest
Diabetes
Gonorrhoea
Pre natal
Post natal
Syphilis

Additional Clinic Service in Hospital for Sick Children.

Cardiac
Eye
Orthopaedic
Neurological

WOMENS COLLEGE Hospital — P.H.N.

SALVATION ARMY Grace Hospital — P.H.N.

TORONTO WESTERN Hospital

SAINT JOSEPH'S Hospital

All other service · indoor · outdoor by referral

CLERICAL SERVICE

3 FULL-TIME CLERK FLOATS

Toronto General Hospital has own Social Service Dept. (P.H. Nurses) Nurses of Dept. of Public Health are assigned to chest and Venereal diseases work.

these patients. The follow-up of attendance defaulters is the responsibility of the hospital health service nurse in charge of the clinic and the field staff.

Two nurses at stated intervals visit the sanatoria and provide the same type of service for the Toronto patients as is given in the general hospitals.

The following case illustrates the close working relationship between Hospital Health Service and district:

Mrs. B. brought her child to the out-patients' department following the school doctor's notification that the little girl's tonsils were abnormal.

At the hospital, the health service nurse enquired about Mrs. B.'s health, as it was apparent she was below par physically. She replied that her food did not seem to do her much good any more and admitted having lost over ten pounds during the preceding six months. She also had noticed she was increasingly thirsty and had been troubled with frequency. When it was suggested she remain for a medical check-up she said she was too busy to wait any longer and that all she needed really was a good holiday. The health service nurse told her that this could probably be arranged for her, but to ensure maximum benefit from a vacation she should first let the doctor determine her physical condition. She agreed and compromised by registering at clinic, leaving a specimen of urine, and making an appointment to return the following Thursday, (diabetic clinic day).

Somewhat reluctantly, she presented herself for examination as arranged. Her urinalysis report showed a four-plus sugar and the medical examination revealed that she was malnourished, and also somewhat anemic. Medication was given and she was referred to diabetic clinic. Later investigation proved that she was a moderately severe diabetic and the doctor referred her to our dietitian to have a 1500-calorie diet explained and then to the health service nurse for initial health teaching and to arrange for the patient to have 20 units of Protamine Zinc Insulin daily.

Mrs. B., who had been co-operative up to this point, declared quite definitely that she would not take insulin. Among other objections was a deeply-rooted fear that once insulin was begun, it had to be continued throughout life. The dread of reactions seemed of greater importance to her than the danger of going into coma which the doctor had mentioned as more than a possibility if she persisted in her refusal. In view of her attitude, the doctor decided she might try diet alone for one week, during which time a request for assistance with her diet and her objections to insulin were sent to her public health nurse for follow-up. This procedure was of inestimable value, as she had known the nurse when her children were toddlers and she said she would be glad of her help. She insisted, however, that even *she* could not persuade her to take insulin.

A telephone conversation with the nurse preceded our written summary and recommendations for this patient, and as Mrs. B. was receiving Mother's Allowance for her two daughters, aged 7 and 10 years, a supplement to her diet was requested and later obtained.

At her next visit to clinic, the doctor noted very little improvement in Mrs. B.'s condition and he again stressed the need for insulin. The patient said that since she had had time to thrash out the matter with the district public health nurse and had had the opportunity to have all her questions answered at the clinic in a way she could understand, she supposed she would be willing to try insulin.

A syringe, needles, requisition for free insulin and alcohol were supplied at clinic and arrangements were made to have a Victorian Order nurse call to administer the insulin for a week or so and demonstrate and teach Mrs. B. to prepare and give herself the injection. The public health nurse was notified to this effect. With the doctor's permission arrangements were made with a community social agency, through her public health nurse, for Mrs. B. and her two children to go to a farm for a month's vacation.

On her return, Mrs. B. had improved so much that the clinician allowed her to secure part-time employment as a sales clerk. With the money obtained she was able to afford her complete diet and was evidently quite happy in a feeling of restored independence.

These nurses, in their daily work in

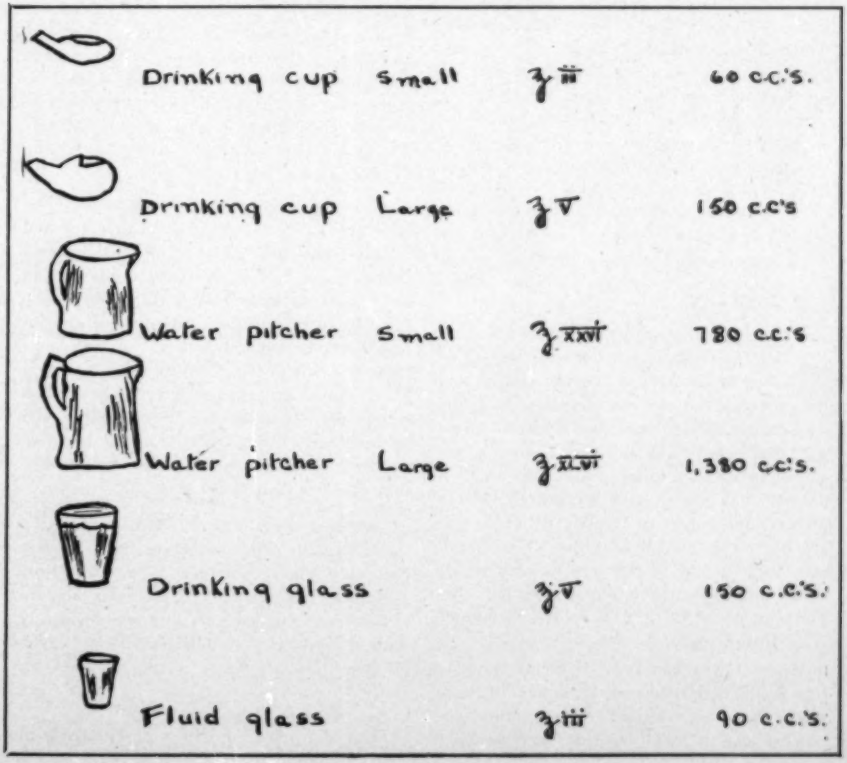
the hospitals of the city, must surely assist in bringing to the hospital student nurses an attitude of mind and point of view which helps them to be more conscious of the total needs of the patient and the preventive aspects of nursing. The junior students have one or two lectures on the work; this is followed by a short period of observation with the hospital health service staff, and a half-day's home visiting with a district nurse. This is in addition to the community observation of health work arranged for intermediate hospital students.

For over a quarter of a century the hospitals and the Department of Public Health, Toronto, have been working very closely together in the interests of the patients whom they endeavour to serve, thus putting into practice in an effective way the accepted philosophy that the hospital and the health organization are integral and related parts of a total community health program.

Recording Fluid Intake

M. E. SCHUMACHER *and* E. HARTIG

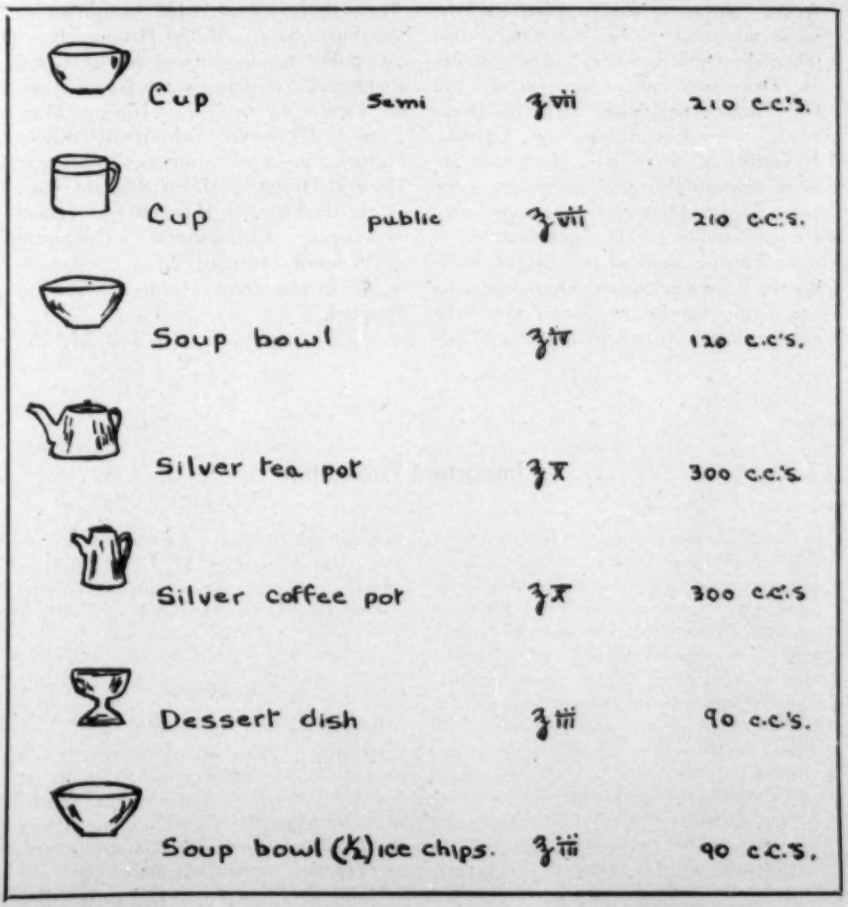
The fluid intake of a patient plays an important part in maintaining normal body functions. A healthy individual seldom has any restrictions set upon the


Drinking cup Small ℥ iii 60 c.c.'s.
Drinking cup Large ℥ v 150 c.c's
Water pitcher Small ℥ xxvi 780 c.c.'s
Water pitcher Large ℥ xlvi 1,380 c.c.'s.
Drinking glass ℥ v 150 c.c.'s.
Fluid glass ℥ iii 90 c.c.'s.

amount of fluid which may be taken. Most patients are permitted to drink as much water as desired so that no problem of measuring the quantity consumed arises. The nurse is expected to know, in a general way, if the quantity is sufficient to maintain normal body functions, such as digestion and elimination. In some cardiac and nephritic conditions the intake may be limited, and in communicable disease care fluids may be "forced". In either case the intake should be measured and it is the need for accuracy in making these measurements which presents a serious problem to the conscientious supervisor.

In the estimation of various student nurses responsible for doing the measuring and recording during the course of one day, a drinking glass is thought to contain anywhere from 5 to 10 ounces. On the other hand, the different capacities of large and small feeders are seldom taken into consideration. In the light of the importance to treatment of the accurate gauging and recording of fluid intake, the "guess" method is practised far too frequently.

The accompanying chart was made to assist in the solution of this problem. The students were instructed to make the measurements of all the possible utensils used in giving fluids. These figures were discussed and standardized at a


Cup Semi ℥vii 210 c.c.'s.
Cup public ℥vii 210 c.c.'s.
Soup bowl ℥iv 120 c.c.'s.
Silver tea pot ℥x 300 c.c.'s.
Silver coffee pot ℥x 300 c.c.'s
Dessert dish ℥iii 90 c.c.'s.
Soup bowl (½) ice chips. ℥iii 90 c.c.'s.

subsequent class. The "artists" of the group volunteered to make a number of copies of the chart for distribution to each ward. The results obtained have proved the value of this demonstration. Instead of making a haphazard guess, the nurses can estimate with a fair degree of accuracy exactly how much fluid the patient has consumed.

This experiment has accomplished a three-fold purpose: it was an instructive project for the junior students; properly mounted behind cleared x-ray film and placed in a conspicuous spot in the ward, it has proved a valuable permanent reference record; the measurement and recording of fluid intakes throughout the hospital have been standardized.

Contest Judges

Did you send in your entry in our recent contest or did you feel like the nurse who told us she "felt tongue-tied when she tried to write?" The number of entries was not as large as we had hoped for or anticipated from the thousands of nurses throughout Canada. Nevertheless, there were sufficient articles submitted to give our judges some work to do. That you may know who are responsible for the adjudication of these papers, here is the list of well-known nurses across the Dominion who are giving careful consideration to the entries: Pearl Brownell, registrar, Doctors' and Nurses' Directory, Winnipeg; Mary P. Edwards, public health nurse, Weyburn, Sask.; Muriel Hunter, director, public health nursing service, New Brunswick Department of Health; Sister Denise Lefebvre of l'Institut Marguerite d'Youville, Montreal; Elinor Palliser, director of nurses, Vancouver General Hospital; Helen Penhale, chief of the Division of Hospital and School of Nursing Administration, University of Western Ontario; Mrs. C. Townsend, instructress, Montreal General Hospital.

—M.E.K.

An Important Publication

The I.C.N. announces the publication of *The International Nursing Bulletin*, a four-page successor to *The International Nursing Review* which was suspended in 1939 due to the war. The first issue of the *Bulletin* will appear in October, 1945, and will be complimentary. It will be published quarterly from then on, and will be increased in size and scope until it becomes a review of professional literature for its international subscribers.

The subscription price for four issues beginning January, 1946, is $1.00. The price will have to be increased as the *Bulletin* is enlarged, but not during the first year. Please make your cheques payable to *The International Council of Nurses*, 1819 Broadway, New York City 23, U.S.A. Send in subscriptions early as the number of copies of the complimentary October issue is limited.

Preview

What role does the hospital social service worker fill in our community health program? Wherein are her skills different from those of the average nurse? Mrs. H. Aline Paice outlines the history of the development of this group and, by practical example, shows us how valuable they are in the modern hospital.

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

Application of Chemistry to the Practice of Nursing

GERTRUDE E. GIBSON

An often neglected but basically important subject in the nursing school curriculum, chemistry has been defined by Luras and Oram as: "The science which deals with the composition of substances and the reactions that these substances undergo on the application of heat, exposure to light and other conditions". Jevons has stated that "Chemistry is the basis of many useful arts". Of what practical value will a knowledge of chemistry be to the nurse, both student and graduate, in the practice of her profession? Does the present training in chemistry provide the nurse with the information it is essential she should have? Have the majority of our students had a sufficient background of information in chemistry that its application to nursing, and in particular food and nutrition, can be encompassed in a few introductory lectures? These questions are of direct concern to those who are interested in curriculum building as the answers to them are fundamental to planning the course of study.

In the Survey of Nursing Education in Canada, Dr. Weir stated that "Only a brief review of subject matter, with special reference to nursing theory and practice, should be necessary . . ." And again, "Over 75 per cent of the time devoted to chemistry . . . should relate to the medical application . . ." He suggests twenty hours for the combined courses of chemistry and physics. The American Curriculum Guide includes an elaborate combined course of ninety hours. Our own Proposed Curriculum for Schools of Nursing suggests thirty to forty hours. The larger schools in Canada provide approximately twenty hours. Some of the small schools do not have any time allotted specifically to chemistry.

If the course as given deals only with the writing of formulae and equations, plus review of organic compounds and their detailed uses — an intensive review of high school chemistry — then it may be regarded as being relatively unimportant. It should give a better understanding of the physiology of the body when the anatomy course is studied. It should ensure an intelligent interest in chemical activities as related to the diagnosis and treatment of the various diseased conditions which the nurse will see. Finally, the student should develop a continuing appreciation of the contribution chemistry is making to preventive and clinical medicine through the development of new drugs and preparations. By simplifying, planning and reorganizing, much more could be done in our hospital schools "to make chemistry live".

So we say to the student throughout her course, to stop and consider: The pure water she drinks — how water

functions as a medium in body processes and assists in the different types of elimination; why water plays such an important part in the spread and control of disease.

The changing of water to steam for sterilization; why the autoclave is very efficient for sterilization.

The reason for reduction of body temperature when a patient perspires profusely; why a patient is more comfortable after an alcohol sponge.

Why it is important to "force fluids" in a condition where diarrhea is present.

Why normal saline is given after profuse vomiting.

The precautions that must be taken in the preparation of intravenous injections of isotonic solutions.

Why glucose is used instead of sucrose for intravenous injection.

Why she should be extremely careful in cleaning equipment that is used both for normal salt solution and silver nitrate solution.

The soap she uses — how it acts chemically with water; the various stains she bleaches and removes.

The antiseptics and disinfectants she uses — why bichloride of mercury is inefficient for disinfecting excreta.

The drugs and anesthetics in use — why it is a safe rule never to give two drugs together unless ordered.

Why egg albumin is used as an antidote in bichloride of mercury poisoning.

Why it is important to have urine examined while it is fresh.

The relation of the oxygen-carbon dioxide content of the air to health and comfort; the function of oxygen in the blood stream, and its relation to all life; why oxygen is administered to patients suffering from certain diseases and how the amount to be administered is measured; the precautions to be observed when an oxygen tent is in operation and why.

The chemical significance of asphyxiation by carbon monoxide. Why carbon monoxide is so dangerous.

The principles underlying the action of fire extinguishers in hospital use.

The chief value in using hydrogen peroxide in a wound.

Why it is necessary to watch the circulation in a patient who has had a plaster cast applied.

The importance of the preparation of the patient for a basal metabolism test.

The carefully prescribed diet that she carries to the patient. With modern methods of purifying and processing foods and the isolation of the vitamins, the selection of a safe and adequate diet would be almost impossible without an understanding of chemistry.

From the above brief outline of subject matter taken from various curricular subjects, it is evident that a knowledge of chemistry is basic and essential to an understanding of the principles and practice of nursing. Let us not overlook its worth in planning our courses of study.

Red Cross in Wartime

Since the beginning of the war the Canadian Red Cross has shipped 39,000,000 various articles and "comforts" overseas. Some 400 blood-receiving centres have been organized, and a total of 1,800,000 blood donations given. 5,500,000 items and comforts have been supplied to the Forces in Canada and 15,000,000 articles despatched to the Forces overseas. Millions of sailors' comforts and "survivors' bags" have been furnished. 13,460,000 food parcels have been shipped by the Society to Empire and Allied prisoners of war. At the present moment 500 Canadian Red Cross Corps girls are serving abroad. In Great Britain, a 600-bed hospital was built and equipped by the Canadian Red Cross. Millions of articles of clothing have been supplied to civilian war victims.

—*League of Red Cross Societies Bulletin*

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

So Far . . . So Good

JEAN S. CLARK

Last month the chairman of our National Public Health Section, Miss Helen McArthur, shared with us in her article "Room to Grow In"[1] her vision of the opportunities for expansion in the public health nursing field. There is a satisfying yet adventurous feeling in knowing that we belong to a profession in which there are always new avenues of endeavour. We can enjoy looking to the future of public health nursing, but we can also derive pleasure looking back on a job well done. Such was the feeling shared by the members of the National Public Health Section Executive when they reviewed the yearly reports from the various Provinces.

The public health sections in the Maritime Provinces have now been in existence for about two years. By their activities during the past year they have displayed all the vigour and enthusiasm befitting the youngest members of our group. The public health section in New Brunswick has pioneered in the field of publication, and now compiles and issues a quarterly newsletter. This newsletter, made up of material on newer developments in organization, public health, and medicine, is sent to all public health nurses in the province as a link to keep them informed and united. The public health section in Nova Scotia has directed most of its efforts this year to a refresher course on the Principles of Public Health Nursing, which was held in Halifax and repeated in Sydney during February and March. This refresher course was conducted by Miss Mary Mathewson, assistant director of the McGill School for Graduate Nurses, and proved most beneficial and stimulating to the one hundred nurses who registered. Although Prince Edward Island has only a few members in its public health section, a good attendance is reported at the quarterly meetings. Papers on practical subjects were presented with lively discussion in which all participated.

The members of the public health section in Quebec were fortunate to be able to avail themselves of a series of lectures given under the auspices of McGill University entitled "Lectures in Living", the main topic covered being "The Family in Transition". This series included eight lectures given by eminent American sociologists, psychologists and psychiatrists. This public health section has established a lending library for the use of any public health nurse in the province. This library, organized in April, 1944, is temporarily housed in the office of the registrar and executive secretary. A list of the available books is sent to each public health nurse in order to encourage her use of these facilities. The national section commends this very worthwhile activity.

All the local groups which comprise the public health section in Ontario reported a very successful winter. Dinner meetings seemed to be the most popular means of getting together, and were held quarterly in some districts, monthly in others. There are a few districts yet where public health nurses do not meet together as an organized group, but several have expressed their intention of organizing in the near future. The Ontario nurses have had the opportunity of attending various refresher courses and lectures during the year. The University of Western Ontario provided courses during February in School Nursing; Supervision in Public Health Nursing and Hospitals and Schools of Nursing. A series of talks and discussions on "Mental Problems and Adjustments" under the leadership of Major Hobbs, R.C.A.M.C., was held in London. The University of Toronto School of Nursing held a refresher course in Industrial Hygiene, and there has been a request from the industrial nursing group that two such courses be held again during 1945.

After reading about the Manitoba Student Nurses' Association in *The Canadian Nurse*, it was most interesting to hear that the public health section had been hostess to this group. In an effort to stimulate interest in public health in the Student Nurses' Association (referred to as the Junior M.A.R.N.), the public health section invited them to participate in a panel discussion on the subject "What My Profession Offers Me". The public health section reports working in co-operation with the other two sections to produce a pantomine entitled "Co-ordinated Effort" which was presented at the annual meeting of the Manitoba Association of Registered Nurses. An Institute on Family Relationships was held at the University of Manitoba during June, under the direction of Miss Frances Benjamin of Minneapolis.

The public health section in Saskatchewan has held monthly meetings. This year the group has studied the book, "Your Community", by Joanna Colcord, with particular reference to Regina. There are public health nursing groups functioning in Regina and Saskatoon, with tentative plans drawn up for organizing in Yorkton and Moose Jaw.

The public health section in Alberta has been directing its attention to the industrial nurses of the province. A definite attempt has been made to include the industrial nurses in the public health section. A recommendation has been sent to the Council of the Alberta Association of Registered Nurses requesting that an institute in Industrial Nursing be held under the auspices of the School of Nursing, University of Alberta. Tentative arrangements for this course are now underway.

The last province to report on is British Columbia. This year, the section has been studying the subject of tuberculosis legislation, and an excellent report has been presented by the Educational Committee on their progress to date, accompanied by recommendations which were submitted to the Council of the Registered Nurses Association of British Columbia. The industrial nursing group in British Columbia held monthly meetings as a sub-section of the public health section. The chairman of the public health section attends their meetings and carries back to the Council of the R.N.A.B.C. any recommendations which the industrial nurses wish considered.

In this resume of sectional activities it has been impossible to give a complete report of each provincial section. The newer lines of development chiefly have been emphasized, though many routine activities have also been carried on in co-operation with the National Section. Contact has been maintained by the provinces with the National Section through their progress reports. The response to a letter sent out by the chairman of the Publications Committee requesting each province to send in an

article on some phase of public health work, of particular interest in that province, has been encouraging. A questionnaire, compiled by the Education Committee on "The Use of the Volunteer in Public Health Nursing" has been distributed to the agencies in each province through the provincial sections.

The National Executive has directed the provinces to make a concerted effort to include the industrial nurses in their sections through a recommendation sent out to that effect. In line with this, a Standing Committee on Industrial Nursing has been recommended to the Canadian Nurses Association Executive, as one of the Standing Committees of the National Public Health Section.

It has been said that growth is the only evidence of life. Your National Executive feels this report is ample proof of the "life" of public health nursing in Canada today. We can look back on the past year and say "So far . . . So good".

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2. *The Canadian Nurse*, Apr. 1945. P. 312.

Jungle Weapon

It is difficult to stump the chemist. In war years he has been called upon to meet the most exacting demands, and he has done so either by new developments, or by discovering new uses for materials taken from some corner of chemistry's well-stocked shelf.

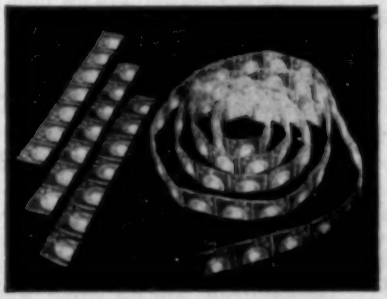
Take, for instance, the "dyestuff" that has been used to combat malaria and the "compressed gas" package in which it is supplied to soldiers.

When the Japanese captured the East Indies the Allies were cut off from their main source of quinine, which up till that time had been the most effective anti-malarial drug known. Turning as usual, to the chemist for help, military authorities were assured by Imperial Chemical Industries Limited of Great Britain of immediate, large-scale production of mepacrine, which is superior to quinine in many respects. Chemically, mepacrine is a yellow dye. In the United States it is known as atebrin or atabrine.

It was found, however, that mepacrine tablets dissolved or deteriorated in the damp heat of tropical jungles. An entirely new method of packaging had to be devised and experts tried all ordinary materials without success. Again the chemist came to the rescue Someone thought of the known properties of the recently discovered plastic, polythene.

Polythene is made by polymerizing ethylene gas under pressures comparable to those in a gun. Under these terrific pressures the gas molecules fasten one to another somewhat like a mass of intertwined paper clips. The flexible, tough, crystalline solid that results found its first use as insulating material, and was largely responsible for successful production of the radar equipment without which Britain might have gone under in the dark day of 1940 and 1941.

Polythene can be produced in many forms, including thin, flexible sheets which are both waterproof and retain their flexibility at



A polythene strip holding seven individually sealed tablets.

temperatures varying from that of ice on the one hand to boiling water on the other.

When tried as a packaging material, the most rigorous tests showed that not only was it unaffected by tropical heat but that the mepacrine tablets wrapped in it could be left lying even in salt water for months and emerge as fresh as when they were packed. British engineering skill solved the further problem of how to get the tablet into its individually sealed compartment in the ribbon-like strip of polythene. From that time on, polythene was mepacrine's indispensable ally in the anti-malarial war.

Canadian soldiers who fought in North Africa, Sicily and Italy are well acquainted with the little yellow tablets that were handed out to them by the millions. Medical officers were more than satisfied with the results of their anti-malarial campaign and special mention was made by Generals Eisenhower and Montgomery of the low malaria rate among Canadians.

On the Burma front a week's supply at a time, a strip of seven pockets, is issued to the troops. Each day one pocket, containing the daily dose, can be torn off the strip, leaving the rest safely protected from air, heat and moisture in its polythene wrapping.

A weapon like mepacrine in the anti-malarial war is scarcely less important than any of the weapons that have been designed for combatting Nazis and Japs. This holds true even from a military standpoint, to say nothing of the untold sickness and suffering mepacrine has prevented. The large-scale production of mepacrine, and the development of its unique packaging material, polythene, represents a double triumph for British chemical skill and engineering.

—C-I-L Oval

Sky Meals Present Dietetics Problems

How would you feel as a hostess if your sponge cake suddenly collapsed and hardened? Or if your whipped cream suddenly expanded to several times its original volume?

Suppose the bubbling water poured over the tea leaves turned out to be heated not to 212°F., but only 180? What if all your guests simultaneously developed indigestion?

These are only a few of the accidents that might happen in the cabins of speeding airliners if airways caterers were not armed with a knowledge of the effects on food of rapid changes in altitude, air pressure and humidity.

In a commissary close by Dorval Airport meals are prepared to be served during flight on five different airlines. A staff of about a dozen experienced girls work there under the direction of Jessie McDonald. Thanks to her passion for research and perfection, today's air travellers cannot expect to see cakes collapsing, sauces disintegrating and other disturbing phenomena at high altitudes. She now knows just what can and cannot be served aloft, just what foods will and will not stand up to flying conditions.

Plane meals are appetizing and satisfying without including an array of sweet or spicy things that might tempt passengers to overindulge and risk the onset of indigestion which often results from a combination of a full stomach and high altitude. Always excluded are sponge cake, whipped cream and other items which are known to behave capriciously when subjected to sudden changes in air pressure.

—C-I-L Oval

Preview

For many years now there has been more than enough work to keep every available nurse busy, be she young or old, single or married, fit or only half-well. It is reasonable to suppose that there will be a gradual tapering off of the demand for the skills and services of some of these nurses. In an attempt to solve some of the problems which may be presented in this period of readjustment, the eminent psychologist, Dr. S. R. Laycock, will discuss for us "The Adjustments of the Older Nurse" in our November issue.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Changed Picture

C. DOULL

All over our country today people are talking about that "wonder" drug, Penicillin, and how it has changed the picture in so many cases from that of hopelessness to one of complete recovery.

Recently we had a very interesting case of osteomyelitis in our children's ward. He was a boy of nine years of age from the town of Didsbury, some sixty miles north of Calgary. He had first been sent to the Isolation Hospital in Calgary when the diagnosis of poliomyelitis had been made by the local doctor but, after a consultation with the orthopedic surgeon here, it was decided to transfer the child to the isolated unit of the children's ward at the Calgary General Hospital.

On arrival the boy looked acutely ill. His cheeks were flushed and his eyes were heavy. At times his speech was incoherent and irrational. Breathing was heavy and his tongue was coated. His pulse was very rapid and his temperature was 105°. There was some swelling of the left lower leg with tenderness in the upper third of the tibia. The boy moved his leg in flexion and extended it at times, but at others he complained of pain in his knee and upper leg on movement. The white blood count was 18,200 with 82 per cent polymorphonuclears. The x-ray showed a definite bone abscess in the left upper tibia. The prognosis was poor and the child's parents were given little hope of his recovery, as so much time had already been lost before a definite diagnosis could be made.

On the night of admission an intravenous with an initial dose of 10,000 units of Penicillin in distilled water was given; also a blood transfusion and supportive treatment. Penicillin was then given intramuscularly every two hours. The following two days the temperature remained between 104 and 105 dropping to 103, but toxicity still continued and operation was undertaken on the left tibia.

An incision was made along the tibia, the abscess drained and sulfathiazole powder and vaseline packing were inserted. Every day a definite improvement could be seen in the boy's condition. In three days after operation the temperature was normal.

After four days Penicillin was reduced to every four hours and, five days later, was discontinued. Two weeks after operation the packing was removed and fresh packing inserted. A cast was applied to the leg. A few days later he was discharged from the hospital.

He has been back twice since for a change of packing and cast, and the x-ray now shows decided improvement.

We have had other cases of pneumococcic meningitis and lung abscess where

Penicillin has been used, and there appeared to be complete recovery. We are all looking forward to the day when Pencillin will be supplied freely for civilian use and we know that, with its use, there will be a more complete and speedy recovery from many infections which have resisted other treatments.

Would You Make a Good Counsellor?

A nurse may wonder whether she has the inherent qualities needed by the successful counsellor. Some questions which she should ask herself in deciding whether she is interested in this field and has an aptitude for it are suggested here:

Do I have a genuine interest in people? This interest is fundamental for all nurses; for a counsellor it is indispensable.

Am I a good listener? A counsellor must listen attentively and sympathetically to the nurse's problem if she is to be helpful.

Am I sensitive to the reactions of other persons? Finding the latent potentialities in a nurse requires intuitiveness and perception.

Do I have patience? A counsellor must seem unhurried in her interviews, so that the nurse's total problem may be brought to light.

Am I tactful? Tact is essential, especially if criticisms from employers are to be presented by the counsellor to the nurse in such a way that she may grow professionally.

Am I able to inspire confidence? If nurses are to look to the counsellor for guidance, this quality is essential.

Am I kind and reassuring? These are also indispensable qualities in the counsellor if she is to help the nurse over the hurdles of hard times and personal tragedy.

Am I adaptable, so that I can adjust to changing conditions?

Do I have the vision and perspective to interpret changing demands in the field of nursing so as to guide nurses in preparing themselves to meet new needs?

Do I have the personal qualities necessary for meeting the public? Such qualities include a carefully groomed, attractive appearance, a well-modulated voice, poise, and a gracious manner.

Do I have the ability to speak easily before a small group? This is essential, because the counsellor is often asked to interpret the services offered through the centre, to solicit community support, or to meet with community groups interested in health problems.

—Bulletin of the California State Nurses' Association.

Projected College of Nursing

The report of the 1945 conference of the New Zealand Registered Nurses' Association which appears in *The New Zealand Nursing Journal*, March, 1945, presents many features which will be of interest to Canadian nurses. In her presidential address, Miss L. M. Banks laid great stress on the importance of special preparation for nurses to fit them "to fill positions of ever-increasing responsibility".

"When the future policy of the Registered Nurses' Association is so bound up in two main objectives, namely, health and education, it does seem that the time has now arrived to give some thought to the formation of a central reserve fund with which a College of Nursing might be established. Such a scheme may sound grandiose, beyond us in this country — and even perhaps unwarranted — but, as nursing is one of the most important of the community services, it does seem that, as part of reconstruction policy, ways and means could be found, even on a large scale, to build up such a fund. We would not need a large piece of land, nor a large ornate building, but one suitably planned for our future needs. In this building — our future college — we could make provision for a conference hall and lecture halls where post-certificate and refresher courses would be held. The reference library of our Association would be there, and provision could also be made for the offices of the Association."

Nursing Education

Contributed by

COMMITTEE ON NURSING EDUCATION OF THE CANADIAN NURSES ASS'N.

A First Aid Qualification for Nurses

There is probably a natural assumption that nurses are, by reason of the fact that they are nurses, qualified for first aid. They have had considerable experience in acute situations, and they often have to take action in an emergency when the doctor is not present.

However, at the beginning of the war nurses quickly found that this assumption was not shared by others. When a Civilian Defence official had to specify a generally recognized qualification for first aid, he could name only the well-known St. John Ambulance preparation and certificate. Doctors were, needless to say, not asked to take a St. John Ambulance Association course to practise or teach first aid; but a nurse, no matter how experienced, had to take a very elementary course designed for lay workers before she could become part of a Civilian Defence organization. A Canadian Nurses Association Committee set up a course which utilized the nurses' more extensive background; but to teach this to student nurses or volunteer workers, the nurse had to obtain the certificate of the St. John Ambulance Association.

Absurd as this situation was, it nevertheless caused nursing educators to examine very carefully the training in first aid which was being given to student nurses. This inspection undoubtedly revealed some deficiencies. In general, it may be admitted that the training of nurses in this field was directed largely to meeting surgical emergencies as they arose in the hospital or home and in cases already under the care of the doctor. Volunteer first aid workers have been more ready to tackle the accident on the road, and this has not been entirely due to the confidence engendered by a little dangerous knowledge. Also, members of the St. John Ambulance Association are required to keep in continuous practice, and this is obviously very important if a person is to be ready in an emergency.

Last year the Committee on Nursing Education was asked to submit suggestions for a first aid qualification for graduate nurses. This was done and now the Committee has been instructed to proceed with a syllabus and the plans for putting this into operation. In general, the plan will suggest that the Canadian Nurses Association establish a first aid qualification, with a certificate awarded by the Association on successful completion of an examination. Following this each individual nursing school would decide whether it would prepare its students for this Canadian Nurses Association certificate. The suggestion will be that this teaching should be given as part of the nurses' basic training, but that provision should be made for graduate nurses who wish to obtain the qualification. Those graduates who already hold St. John Ambulance or Red Cross certificates will be considered qualified.

In this course, emphasis should be placed on actual accident situations, and the practice be in terms of such situations. In traffic accidents, patients unfortunately do not usually each have merely one injury on which the first aid

worker can concentrate. The nurse should have a great advantage in her ability to assess the patients' general condition and to decide what is most urgent. She should be able to see that no further damage is done through her efforts to help. As one specific example, we have been told that many cases of simple skull or spine fracture have been converted into brain or cord damage through improper methods of moving the patient, or through not refraining from moving him at all.

The purpose of this Page is to inform the Canadian Nurses Association membership of the lines along which your Committee on Nursing Education is working, in order that you may think with us, and that the plans of the Committee may not be entirely new to you when they are considered by the Executive Committee. This question of first aid training is one of the current projects of the Education Committee and we ask you to give it some consideration now.

Streptomycin Being Studied

A new drug, streptomycin, companion to penicillin as a killer of bacteria, is being studied and undergoing tests to determine its suitability as a germ killer. The new drug shows possibilities which may prove to be as important to the medical profession as was the discovery of penicillin. Streptomycin is a killer of gram-negative bacteria, such as tuberculosis, cholera, dysentery, typhoid, tularemia and salmonella food poisoning. Penicillin is a killer of gram-positive bacteria, such as pneumococcus, streptococcus, staphylococcus, gonococcus and syphilis.

Even though the new drug is still in the laboratory stage, some is being produced and small quantities are being made available for experimental purposes. Since streptomycin and penicillin resemble each other in many respects, experience gained in the production of penicillin will aid materially in the production of the new drug. The production process, however, is slow and tedious and it will be some time before the drug is available in any quantity just as it took more than two years to bring penicillin into production for general use.

Dr. Selman A. Waksman of the Department of Microbiology of the New Jersey Agriculture Experimental Station at Rutgers University, New Brunswick, N. J., is given credit for the discovery of streptomycin. Ever since the discovery of penicillin, medical department and civilian bacteriologists, as well as army and commercial laboratories, have been searching for a drug that would fight the diseases that penicillin cannot cure. Dr. Waksman reported that he had discovered streptomycin and had reported on it some twenty-nine years ago during experiments with soil bacteria.

—*News Notes, No. 26.*

M.L.I.C. Nursing Service

Olive Carrier (St. Mary's Hospital, Montreal, and University of Montreal public health course) recently resigned. Miss Carrier was Metropolitan nurse in Joliette, P.Q.

Claire Lalancetie (St. Jean de Dieu Hospital, Gamelin, P.Q.) has resigned from the Company's Service. Miss Lalancette was on the Montreal staff.

Gertrude Lapointe (St. Vincent de Paul Hospital, Sherbrooke, and University of Montreal public health course) has been appointed to the Metropolitan staff in Montreal.

Notes from National Office

Contributed by GERTRUDE M. HALL

General Secretary, The Canadian Nurses Association

News from Abroad

A national study of the nursing needs of the future, both from the professional and public points of view, as to education, distribution and standards, will be undertaken in a five-year program, it has been announced by the National Nursing Planning Committee of the National Nursing Council for War Service in the United States.

It is estimated that the program will require approximately $500,000, and initial work is assured through a recent grant by the W. K. Kellogg Foundation for co-ordinating the work of the Committee itself. Support will be sought from other sources for specific studies and demonstrations. A major undertaking will be the study of schools of nursing, their number, size, location, organization, and financial and administrative control recommended in order to supply the kind and number of nurses needed in post-war America. Increased wartime responsibilities shouldered by professional nurses, as well as those arising from the development of medical specialties, have been considered in formulating the composite program; so also has been the effective way in which certain duties have been shared by subsidiary workers, Red Cross nurses' aides, etc.

Looking to the future, the program takes into account the increased need for well-prepared nurses which would result from the expansion of health facilities and hospitals, proposed by the United States Public Health Services.

Among specific topics listed for study or review are: the existing personnel policies and practices; testing of selected applicants for schools; financial aid for students; counselling and placement bureaux; professional registries; community nursing councils; implementation of standards and greater uniformity in State laws.

Such a broad study, to determine how far the war has affected the whole field of nursing and what the nursing needs of the future will be, merits the wholehearted interest and support of the nursing profession and public alike.

India Exhibition

The president of the Trained Nurses' Association of India will represent the International Council of Nurses at an exhibition to be held in Delhi in September. She has requested all available material on possibilities of training in general nursing, health work, midwifery and post-graduate training throughout the United Kingdom, Canada, America, Australia and New Zealand. We are glad to report that the Canadian Nurses Association prepared and sent to India material concerning all fields of nursing in Canada.

Comments on Narcotic Regulations

We are indebted to the Central Registry of Graduate Nurses for the following

information concerning rules regarding the disposal of surplus narcotics, as they apply when nursing in private homes:

1. They should not be destroyed.
2. Unless on orders of the doctor, they are not left in the patient's house.
3. In the event of the patient's death the nurse gives them to the doctor.
4. Acting as agent of the doctor, family or estate, the nurse, when going off duty, returns the drugs to the doctor or the drug store. The drug store, if it has not already done so, may obtain a permit to accept surplus narcotics.
5. If, for any reason, the nurse is unable to dispose of narcotics as above instructed, she is advised to contact the local R.C.M.P. office and they will call and collect same.

The Narcotics Division, Department of National Health and Welfare, has approved the publishing of these rules for the benefit of private duty nurses throughout Canada.

British Nurses Relief Fund

The International Council of Nurses has advised the Canadian Nurses Association of the great need for clothing and cash contributions, to assist nurses who are ill, in the following countries in Europe: Holland, Belgium, Denmark, Finland. France, Norway, Russia, Yugoslavia. The Canadian Nurses Association has undertaken to assist the nurses of Holland as far as it has been possible to do so under restrictions imposed by the Wartime Prices and Trade Board. The official request for 25,000 uniforms has not been granted. Permission has been obtained to supply 1,000 used coats and 500 capes. While shoes and stockings are greatly needed, we have not been given permission to secure them.

It is hoped that the provincial associations will endeavour, through their provincial British Nurses Relief Fund Committee, to secure the full number of coats and capes required.

Bursaries

The Bursary Award Committee of the Canadian Nurses Association has made the following awards for 1945-46:

Long-Term: (Alberta) Anna M. Conway, Morinville; Dorothy Galloway, Edmonton; Janet G. May, Vancouver; Wilma K. McCordick, Breton; Janet G. Porteous, Montreal. (British Columbia) Doris L. Brentzen, Duncan; Vancouver: Dorothy E. Gerrard, Edith J. Green, Katherine E. Jones, Hazel Provins; Audrey E. Kay, Essondale; G. Lenore Lamb, Victoria. (Manitoba) Honah H. Card, Winnipeg; Mary T. MacKenzie, Norwood; Mona M. McLeod, McCreary; Verna J. Williams, Selkirk. (New Brunswick) Dorothy D. Parsons, Fredericton. (Nova Scotia) North Sydney: Margaret J. Hartigan, Sister Marion Estelle; Jessie A. McCann, Wallace. (Ontario) Margaret C. Cahoon, Picton; K. Shirley Campbell, Brantford; Lois L. Campbell, Guelph; Gladys E. Hill, Port Arthur; H. Bernice Lewis, Woodstock; Helen H. Littleton, Brampton; Mary A. Munro, Auburn; Margaret L. Peart, Freeman; Lottie Smith, Kingston; Winona Stevenson, London; Sister M. Roberta, Kitchener; Sister St. Cuthbert, Pembroke; Chatham: Violet Gwalchmai, Helen W. Robbins; Hamilton: Ruth E. Aiken, Veronica Swain, Elizabeth Ursulak, Sister M. Paula, Sister M. Rose; Ottawa: Anna M. Beach, Joy K. Clarke; Toronto: Beatrice Ainslie, Dorothy A. Armstrong, Isabel T. Emmerson, Isobel E. Ferguson, Dorothy Loveridge, Doris Muckle, Helen N. O'Rourke, Irene F. Poole, Margaret J. Romano, Margaret E. Sanderson, Margaret J. B. Thompson, Sister M. Evangelista, Sister M. de Sales. (Quebec) Edith M. Gayler, Longueuil; Miriam M. MacLeod, Scotstown; Jean E. MacGregor, Moose Creek, Ont.; Marie-Ange Chamard, Gaspé; Gabrielle Cloutier, St. Hyacinthe; Elizabeth

Quirion, Sherbrooke; Sister Marie Godefroy, Joliette; Sister Marie Victoire, Quebec; Montreal: Denise Richard, Henriette St. Germain, Dorothy L. Ward, Sister Cecile Leclerc. (Saskatchewan) Catherine F. Boyko, Tisdale; Saskatoon: Muriel A. Jarvis, Willa J. Routledge.

Short-Term: (British Columbia) Elizabeth E. Copeland, Vancouver. (Ontario) Edith M. Horton, Ottawa.

Interesting People

After serving as Matron-in-Chief of the Overseas Nursing Service of the Royal Canadian Army Medical Corps since 1942, **Lieut.-Col Agnes C. Neill, R.R.C.**, has returned to Canada to become Matron-in-Chief succeeding Colonel Dorothy I. MacRae, R.R.C. Lieut.-Col. Neill, a native of Ontario, graduated from the school of nursing, Toronto General Hospital. Her executive ability won her immediate headnurseship in the Private Patients' operating room, T.G.H. After a year's post-graduate study at Bedford College, London, Miss Neill returned to her alma mater as surgical supervisor. When war was declared in 1939, Miss Neill enlisted immediately and shortly afterward went overseas as Matron of No. 15 Canadian General Hospital. Her new appointment will provide ample scope for her outstanding administrative abilities.

Lieut.-Col. Neill is admirably suited for the responsibilities to which she has been called. Being a woman of many interests, she has travelled widely, is fond of reading and a game of bridge, and gets full enjoyment out of living. The nurses of Canada are proud to welcome Lieut.-Col. Neill back home and wish her all happiness and success.

Lieut.-Col. Dorothy Riches, R.R.C., has been promoted to be Matron-in-Chief of the R.C.A.M.C. Nursing Service Overseas. A graduate of the University of Saskatchewan and of the school of nursing of the Royal Victoria Hospital, Montreal, Miss Riches is well known to nurses in many parts of Canada. Immediately upon the completion of her training, Miss Riches went abroad to study nursing conditions in England, Germany and Switzerland. She had served as head nurse on a medical ward at the Royal Victoria Hospital for over two years before she took her post-graduate work in administration and teaching at the McGill School for Graduate Nurses. She was engaged as senior instructor at the Royal Jubilee Hospital, Victoria, when war was declared. In 1941, she enlisted with the R.C.A.M.C. and went overseas as Matron of No. 8 Canadian General Hospital. In 1942, Miss Riches was appointed to the rank of Major (Principal

Ashley & Crippen, Toronto

LIEUT.-COL. A. C. NEILL

Matron) and the following year was posted to the office of A.M.D. 4, Director of Medical Services Branch, Canadian Military Headquarters, London. In the New Year's Honour List in 1944, she was awarded the R.R.C. Her new promotion is well deserved in view of her excellent service overseas.

Ann Peverley has recently been appointed lecturer in public health nursing with the McGill School for Graduate Nurses. Born and educated in Montreal, Miss Peverley graduated from the school of nursing of the Montreal General Hospital. Post-graduate work in tuberculosis nursing at the Royal Edward Laurentian Sanatorium, and in public health nursing at the McGill School for Graduate Nurses, was followed by her appointment to the staff of the Health Department, Westmount, P.Q. At the time of her appointment to McGill University, Miss Peverley was nursing supervisor there. She has taken an active interest in the work of her professional association having been chairman of the provincial public health nursing section. At present she is a member of the Board of Managers of the R.N.A.P.Q. Her vivid personality is reflected in her enthusiasm for her new work.

Eugene Suter, Montreal

ANN PEVERLEY

Myrtle I. Graham has returned to the Toronto Western Hospital, where she had served as medical supervisor for four years, as superintendent of nurses. Graduated from the school of nursing of the Winnipeg General Hospital, Miss Graham held her first positions as head nurse, later as medical supervisor in her home school. Post-graduate work in teaching and supervision was taken at the McGill School for Graduate Nurses. In 1940, Miss Graham became assistant director of nurses, later moving up to become director of nurses at the Verdun Protestant Hospital, Verdun, P.Q.

J. Mabel Kniseley has retired from the directorship of the social service (medical) department at the Toronto General Hospital, a position which she has occupied for over twenty-five years. Graduating from the school of nursing of the Toronto General Hospital in 1906, Miss Kniseley has been intimately associated with the growth and expansion of this hospital through the years. After attending the course in social service at the University of Toronto, Miss Kniseley received her appointment and has been instrumental in building the department to its high degree of efficiency. For many years she has received as archivist of her alumnae association. Now, in her retirement, she will be able to devote more time to her favourite hobbies of art and gardening.

Ethel James has recently been appointed as director of nursing of the Saskatoon City Hospital. Miss James graduated from the Royal Alexandra Hospital, Edmonton, in 1930. For the next six years she was employed in general staff nursing at the University of Alberta Hospital, obtaining experience especially in psychiatry and maternity care. After two years in private duty, Miss James re-

Thams Studios, Saskatoon

ETHEL JAMES

turned to the "Royal Alex" for experience in the communicable disease hospital. Following her graduation from the course in teaching and supervision at the University of Toronto, Miss James accepted a position as head nurse at the Saskatoon City Hospital. The next year she became nursing arts instructor, moving on to be assistant director of nursing and finally the director. Miss James has served as chairman of the hospital and school of nursing section with the Saskatchewan Registered Nurses Association.

Francine Philo has accepted the position of science instructor with the Regina Grey Nuns' Hospital. Graduating from the school of nursing of this hospital in 1942, Miss Philo has already had a broad experience in a variety of positions. She was one of the early graduates of the newly established course in teaching and

FRANCINE PHILO

supervision at the University of Manitoba. Various forms of needlecraft serve to fill Miss Philo's leisure moments. Another interesting hobby to find in a nurse is a fondness for cooking. Out-of-doors interests centre chiefly around skating.

Recent changes in the nursing staff of the Canadian Red Cross Society in Ontario include the appointment of **Muriel Winter** as director of the Department of Home Nursing, First Aid and **Emergency Reserve in the Toronto** Branch. **Bertha Miles** has been appointed as her assistant. **Jessie Goodman**, who has been director for over twenty years, has retired. **Mrs. George Hanna**, who was local officer in charge of the Reserve since it was established, has resigned. **Mrs. Donald F. Dewar** has been appointed district leader for Central Ontario of the Department of Home Nursing, First Aid and the Reserve.

Obituaries

Lieut. Helen Kathleen Laur, U. S. Army physiotherapist, died in France on July 6, 1945, as the result of an aircraft accident. Lieut. Laur was born in Aylmer, Ont. She was a graduate of the School of Nursing of Victoria Hospital, London, Ont., and a member of the Class of 1924; she was also a graduate of the Harvard University of Physiotherapy, Cambridge, Mass.

Lieut. Laur had followed her profession in Salt Lake City, Utah, and in

Southern California. Four years ago she enlisted in the U. S. Army and served in North Africa and France. It is believed that Lieut. Laur had started on her return trip to America when she was killed. Her tragic death is mourned by her alma mater, Victoria Hospital.

For twenty-five years associated with the Toronto city public health department as a public school nurse, **Mrs. Mary Eleanor McConnell** died there recently. She retired a year ago. Mrs. McConnell was born in Ireland, received her nurse's training in Scotland, and came to Canada in 1918.

The death occurred recently in Victoria, B.C., of **Mrs. Rahno Aitken Walker**. Born at Maple, Ontario, she received her early education in Ontario and attended university in Scotland. She trained at the Toronto General, graduating with the Class of 1903. Following graduation she took charge of the private floors in the Toronto General. Two years later she was appointed superintendent of the Western Hospital, Montreal. After five years in this position she married Dr. Horatio Walker. Following his death, she was appointed superintendent of Good Samaritan Hospital in Los Angeles. During the twenty-five years that Mrs. Walker held the position of superintendent, this hospital developed from 110 to 740 beds and was considered as one of the outstanding hospitals on the Pacific Coast. Mrs. Walker pioneered in introducing an eight-hour day for her staff and students. In 1934 she retired from nursing to locate in Victoria.

Tropical Skin Disease

Seven centres in the United States specializing in the treatment of tropical skin disease will be devoted to the care of men returned from overseas, particularly the Pacific areas. "The new arrangement will make possible better distribution of the limited supply of specialists in dermatology", Major Livingood, consultant in dermatology, said, "and thus give these soldiers the best possible treatment".

There is no basis for fear of tropical skin infections spreading in this country, because practically none of these diseases are contagious and no patient with a transmissible skin disease would be allowed out of an army hospital until he was non-infectious. Acne was given as an example of a common skin disease which flares up in the tropics. One army doctor working on the problem used the word "explosive" in describing the cases he had seen in the Pacific.

"The skin diseases are not fully appreciated by the public in the glare of the more dramatic developments of surgery and problems like malaria", Major Livingood said, "But it is true that in tropical areas about 8 per cent of all army hospital admissions — or one in every 12 or 13 — is due to skin conditions".

One of the dermatologist's main efforts is to keep men from "overtreating" skin disease; but the good nutritional state of the American soldier helps protect him from some of the skin diseases common to natives of tropical areas. Major Livingood cited tropical ulcer as an example, saying ulcerations were frequent enough among Americans, but the peculiar tropical ulcer is rare and he thinks that the native gets it because of his poor diet while the American is free of it beacuse he is well fed.

—*News Notes, No. 27*

Preview

Information about a little known topic will be made available with the publication of F. A. Humphreys' paper on "Tick and Insect Borne Diseases" in our forthcoming issue. Since the infected animals are not restricted to any one area of the country, this new material will be of value and interest to all.

STUDENT NURSES PAGE

Hyperthyroidism

DORIS SWAIN

Student Nurse

School of Nursing, Nicholls Hospital, Peterborough, Ontario.

Mrs. X is a friendly, co-operative person who was born in England and lived there until she was twenty. She is very impulsive and came to Canada without much previous thought as the result of a quarrel. Through an agency she secured a position as housekeeper for a farmer and his elderly parents. After working there for a year she married the son although he was her senior by fifteen years. Mrs. X has two children — a girl of eleven and a boy of nine. Mrs. X's interest has been centred on her children, her husband, and their farm. She has always worked hard, taking a man's place in the fields at harvest time as well as doing all the housework. In fact she has worked so hard at home that her activities and contacts in the community have been slight. The welfare and well-being of the children and her husband have been her primary thoughts. She has given scant attention to her own health until forced to do so through inability to carry on her work.

Mrs. X first found out about her thyroid enlargement when she applied for admission into the nursing school of an English hospital. However, the hospital offered no suggestion for treatment and Mrs. X did nothing further about it. About three months before her admission to hospital, Mrs. X's menstrual periods deviated from normal. They became irregular and she suffered from menorrhagia. She began to lose weight rapidly, experiencing weakness and extreme exhaustion. As she was unable to do her accustomed work she became worried and consulted the local physician who referred her to Dr. Y. He examined her and advised her to come to the hospital to prepare for an operation.

The first noticeable symptoms on admission were her flushed face, prominent eyes, and quick, jerky movements, all typical of hyperthyroidism. Mrs. X had a rapid pulse rate ranging from 100 to 140 beats per minute with good volume. She suffered from shortness of breath necessitating her bed being constantly in semi-Fowler's position. She had an excessive appetite which was appeased only by large, high-caloric meals and frequent lunches. She voided large amounts frequently and had several large bowel movements daily with a definitely foul odour. Dr. Y explained that diarrhea used to be the outstanding symptom of hyperthyroidism and that it was usually because of this chronic symptom that the patient consulted a doctor.

The loss of weight experienced by Mrs. X was due to the rapid oxidation of the tissues and the burning up of the body's own tissue protein. Estimation of the basal metabolic rate was, therefore,

a valuable diagnostic measure. Mrs. X had her first basal metabolism test taken immediately; her weight and height were noted and these, together with her age, were given to the doctor. Her basal metabolism was found to be + 45 which is greatly in excess of the normal rate, + 10 to - 10, and indicated a pathological condition.

When Mrs. X had been in hospital about three weeks she suffered from severe epistaxis intermittently for over a week. Her nostrils were packed with absorbent saturated with adrenalin to contract the mucous membrane. Finally the left nostril was cauterized. Vaseline was applied to the nares which were reddened and sore.

A rash appeared on Mrs. X's legs and face and they became swollen. Water drained off soaked oatmeal was applied to the affected areas. The itchiness was somewhat relieved. An accompanying symptom was a temperature elevation of 100°F. to 102°F. After about a week the rash disappeared and the fever abated. This setback was an emotional upset as well as a physical one and the patient was weeks regaining lost ground.

Mrs. X ate heartily and enjoyed her meals. She liked anything and everything, which kept her diet from being a difficult problem. Egg-nogs were her favourite between-meal nourishment. She drank a great deal of water — a pitcher of cold water was kept on her bedside table constantly. She was encouraged to drink water freely because it dilutes the toxins, aids in digestion, absorption, circulation, and excretion; it is also essential in the regulation of body temperature.

Since the metabolism of a hyperthyroid patient is increased so much above normal she needed to eat more than usual to maintain and gain body weight. Foodstuffs which strongly activate metabolism are protein, fat, and alcohol. Therefore, these foodstuffs were avoided and the diet consisted largely of carbohydrates.

Phenobarbital was given before each meal because it lessens the metabolic rate, decreases blood pressure, and has a sedative effect. Lugol's solution, containing 5 per cent of iodine dissolved in 10 per cent potassium iodide solution, was given three times a day. It was administered in milk to disguise the unpleasant taste.

If possible Mrs. X was given a full bed bath and change of linen every morning. These had a sedative effect and were necessary from a cleanliness viewpoint because she perspired so freely. Her bed was kept curtained because outside occurrences and other people upset her easily. Her family were the only visitors allowed and their short visits were rare.

In my teaching contacts with her I tried to impress Mrs. X with the value of periodic physical examinations. I talked to her about attempting a more reasonable amount of work. Mrs. X's personal hygiene was good and she needed very little advice on that subject. She was most interested in any information about the children's welfare. I explained the value of inoculations against communicable diseases.

The nursing care study which I made enabled me to give Mrs. X better and more knowledgeable care. In searching for data I acquired facts I had not known regarding hyperthyroidism, nursing technique, and action of various drugs. A study of Mrs. X's background and circumstances showed me the effect these can have on an individual's health.

WANTED

A Matron is required for the **Huntingdon County Hospital at a salary of $115 per month. Room and board provided. Apply to Dr. H. R. Clouston, Huntingdon, Quebec.**

ALIKE IN APPEARANCE — *But*

Tiny bodies, externally alike, may differ basically in their requirements of Vitamin D. That is why Squibb Cod Liver Oil comes in two potencies—Squibb Cod Liver Oil for normal babies and Squibb Cod Liver Oil with Viosterol 10D for premature or rapidly growing infants.

● Today, as in 1875, Squibb Cod Liver Oil is helping babies build strong, healthy bodies. They didn't know it then—but now most people realize that it isn't the oil itself—but the vitamin content of the oil that counts.

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Letter to the Editor

By Sailing Ship to Africa

I like ocean travel and look forward to each trip that I take. This time I had a very special reason for looking forward to a month on the water as I was to travel on a sailing vessel, the barkentine, *Tijuca*, a real three-masted, merchant ship, and the last of its kind owned by the Argentine Republic.

We sailed from New Orleans on a small Argentine freighter carrying three passengers. After an uneventful three weeks, we arrived in Buenos Aires, B.A., as it is called by those who live there, is the third largest city in the Americas. It is modern in many ways and being developed into a very beautiful city. The Spanish influence is very strong and the official language is Spanish. Fortunately Portuguese and Spanish are very closely allied so that I could make myself understood fairly easily.

There were no sailings to Capetown till January, later till April, later still, July. Was there any chance of getting across to Natal and flying to Leopoldville? The reply came "very little". Finally, rumours flew that the barkentine *Tijuca* would sail for South Africa on its return from Brazil. Then one glad day, "She is sailing and you are first on the passenger list". That Sunday we watched a tall sailing ship sail into the harbour. Then on Monday we were told, "Passengers must be men only as accommodation is so limited". How could we persuade them to change their minds? Persuade them there was great need for us to get to South Africa. Finally, a friend, unofficial representative of his Exiled European government, was willing to approach the powers that be and present the needs of our African lepers. He persented it effectively because permission was granted.

So we sailed down the River Plate on a three-masted barkentine to sail across the S. Atlantic. The *Tijuca* was built in England for the French navy in 1868. Napoleon III served aboard her as a cadet; later she served as a cadet ship in the English navy. Then she became a whaling ship sailing down the South Atlantic to South Georgia and across the Antarctic for thirty-seven years. In 1912 she was purchased by an Argentine company and renamed the *Tijuca* after a beautiful mountain overlooking the bay of Rio de Janeiro. She has sailed around South America many times and across to Capetown several times in the past few years. On one trip last year she met a bad storm and had her masts blown away. She is 160 feet long, 150 feet from keel to top of masts, and displaces 1,600 tons, small but sturdy.

After sailing downstream we anchored for the night, and waited almost twenty-four hours for wind and tide. Shortly after leaving the river mouth we ran into a bit of a storm in which the passengers got a shaking up. Being on a small boat and a sailing one at that is quite different from a trip on a big passenger ship. Eight of our ten passengers succumbed and the other Canadian and I played stewardess. She is Margaret Dorland Webb, a sixty-year-old "Friend", who is going out with her son and their family to a Congregational mission in southern Rhodesia. The going was rough, but she was a good sport.

Our first Sunday at sea we hit some rough weather and, while I enjoyed it, I wondered how much longer it was going to last and how much rougher it was going to get. We ran out of the storm and had a calm sunset. When there was no wind we could travel at four miles an hour with the aid of a little auxiliary engine, but when we had a wind, we travelled at five, six, seven and up to the fast speed of ten miles an hour! We lay on the deck chairs and relaxed and sun bathed while watching the sails on the tall masts as they flapped in the wind. But some days the wind deserted us completely. One Saturday night there was a fire in the engine room and next day we lay becalmed while they were repairing the engine. While drifting the sailors put out a fishing line to try and catch one of the albatross that had been following us. One beauty got his wing caught in the hook and was dragged up on the deck, a beautiful bird eight and a half feet from wing tip to wing tip, of shining whiteness marked with a few black feathers. After painting two blue rings around his neck, the sailors let him go again. Maybe they will see him the next time they pass that way.

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Again we were on our way. There was a steady right-sided slant just as a yacht slopes to one side with a good wind to drive it along. We rose and fell with the waves, rather than rolled from side to side. On the sailing boat we got what the captain called the "figure of eight motion", a mixture of rise and fall and roll, guaranteed to test your sailing ability. The star-filled sky was very bright at night and the sails were very tall and dark as they were outlined against the Southern Cross. Several times we were driven north out of our course and had to tack due south again towards the pole. One day, looking for a wind to drive us in the right direction, we headed southwest back towards Buenos Aires. Some days the wild beauty of the sea was almost indescribable as one stood by the steering wheel and watched the bow of the boat dip down into the troughs of the waves that broke over it, with a cascade of white foam. Sometimes the waves rose up mountain high on either side as we dipped, with the occasional one coming aboard. One day I started up on deck just in time to have a wave break over the boat and me, incidentally, giving me the only bath I had while on board. I held on and the sea poured on; it was much more satisfactory than our weekly bath in a half pint of water provided by the stewards.

Then came the storm. One afternoon a strong wind blew up and as the captain watched the flaming yellow sun go down he said, "This means a gale", and a gale it proved to be. We settled down for a sleepless night. The waves rose high above the ship on either side. She dipped to the left and the waves came over, then she dipped to the right and received one from the other side, and so the night passed. One of the officers fell out of his bunk twice during the night. The little vessel dipped and rolled, staggered and shook herself free and then the next wave came along. No matter how bad the wave, she always bounded up again.

Boats are beautiful things and sailing ships above all else. I am so glad that I have had the privilege of spending some weeks on one. It will be a memory that will last me to my life's end.

—ANNE E. COPITHORNE

Editor's Note: Miss Copithorne, who is a graduate of the school of nursing of the Vancouver General Hospital, and in public health nursing from the University of British Columbia, has returned to her post in a Leprosarium in Portuguese West Africa after an extended furlough in Canada.

Vitamin C Therapy for Hay Fever now Considered Useless

"About three years ago, the administration of vitamin C was suggested for the treatment of hay fever and other allergic conditions," the *Journal of the American Medical Association* said. Generally this therapy has been viewed with scepticism, but nevertheless some have given it fair trial. Most recent of the reports is that of Sidney Friedlaender and S. M. Feinberg, who found that hay fever patients have a normal level of vitamin C.

Although large doses of this vitamin produce saturation blood levels, they do not change the course of hay fever or asthma. In view of this and previously published evidence, vitamin C therapy for hay fever and other allergic conditions may be considered useless and wasteful.

Anti-Malaria Program in Greece

The largest air-borne anti-malaria program yet launched in Europe will soon be undertaken by UNRRA in Greece in cooperation with the Greek Government. As part of an all-out drive against the critical increase of malaria in Greece, UNRRA is sending ten specially equipped planes to that country to be used in spraying mosquito breeding areas with DDT.

According to the UNRRA Chief Medical Officer in Greece, Dr. J. Balfour Kirk, there are some areas in the country where 100 per cent of the population is infected with malaria fever. Data now available in-

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dicate that 40 to 50 per cent of the country will be infected during the season which lasts from April through October. The present number of victims approaches the three million mark. Prior to the war, the estimated average number of cases in Greece was approximately fifty thousand per year.

Destruction of supplies and facilities by the Nazis, disrupting anti-malaria services during the war, is the direct cause of this situation. Another factor contributing to the spread of the disease is the general lack of food. People suffering from malnutrition fall easy victim to the disease.

For the purpose of conducting the Greek anti-malaria campaign, the country has been responds to the drainage of one of the ten divided into ten regions. Each region cormajor rivers in the country. An UNRRA plane will be assigned to each region. Of the total of one million acres of malaria-breeding territory in the country, approximately three-fourths, or 750,000 acres, will be sprayed with DDT by plane. It will be necessary to treat the remaining acreage by standard methods because of the terrain or other factors which make aerial treatment impractical.

In spraying the swamps, the planes will fly only five to ten feet above the surface and will cover 17 acres per minute. Each plane will carry a load of 33 gallons of DDT solution. The solution developed for the purpose is 20 per cent DDT mixed with a naphthalin solvent, and will kill both adult mosquitos and larvae. It is turned into spray by a special generator and discharged through the motor exhaust. Sixty-five hundred gallons of solution will be shipped to Greece with the first four planes; an amount sufficient to cover approximately 100,000 acres of mosquito-breeding swamp land. This amount is in addition to the 40,000 pounds of 100 per cent DDT and the 120,000 pounds of 10 per cent DDT which have already been shipped.

In addition to the planes and other equipment necessary for the treatment of malaria swamps, UNRRA, will aid health officials in the work of spraying 750,000 homes with DDT. Up to the present time, UNRRA has shipped to Greece 28,000,000 tablets of atabrine and 150 kilograms of quinine. These drugs are sufficient to provide treatment for approximately 2,500,000 malaria victims.

—*UNRRA News.*

R.C.A.M.C. Nursing Service

Lieut. Col. *Agnes C. Neill*, R.R.C., Matron-in-Chief, R.C.A.M.C. Nursing Service Overseas, has returned from England to become Matron-in-Chief of the Nursing Service in Canada, replacing Col. *Dorothy I. MacRae*, R.R.C., who is retiring from the Service and is at present taking a course in hospital administration at the McGill School for Graduate Nurses.

Major (P/M) *Dorothy M. Riches*, R.R.C. (Royal Victoria Hospital, Montreal), has been appointed Matron-in-Chief of the Nursing Service Overseas and has been promoted to the rank of Lieut. Col.

Major (P/M) *Agnes J. Macleod*, R.R.C., (Alberta University School of Nursing) has retired from the Service and has been appointed Matron-in-Chief, Department of Veterans Affairs.

Capt. (Matron) *Dorothy M. Percy* (Toronto General Hospital) has retired from the Service and is now secretary of the Health Division, United Welfare Chest. Capt. (Matron) *Ella G. Covey* (Toronto General Hospital) has been appointed Matron of Petawawa Military Hospital and has been replaced on the hospital ship *Lady Nelson* by Major (P/M) *Sarah Miles* (Royal Victoria Hospital, Montreal) who recently returned from overseas. Capt. (Matron) *Margaret Kellough* (Toronto General Hospital) has been posted as Matron of Malton Convalescent Hospital.

The following have been awarded the R.R.C.: Major (P/M) *Doris Kent* (Toronto Western Hospital); *Mary Mills* (Vancouver General Hospital); *Jean Nelson* (Victoria General Hospital, Halifax); *Elsie L. Riach* (Regina General Hospital); Capt. (Matron) *Mary B. MacNeill* (St. Joseph's Hospital, Glace Bay); A/Capt. (Matron) *Atala Coloumbe* (St. Sacrement Hospital, Quebec).

The following have been awarded the A.R.R.C.: Lieut. (N/S) *Freda Bossy* (Royal Victoria Hospital, Montreal); *Valerie Hora* (Kingston General Hospital); *Mary Loggin* (University of Alberta Hospital); *Hilda I. Morrill* (A. J. Hospital training school, Newburyport, Mass.); *Dorothy E. Murphy* (Montreal General Hospital); *Denise A. Rastoul* (Notre Dame Hospital, Montreal); *Ruby Rogers* (Toronto General

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Hospital); *Jeanette B. Rusenel* (Children's Hospital, Winnipeg); *Florence B. Balcam* (Toronto General Hospital).

The following have been mentioned in Despatches: Capt. (Matron) *Rita Ackhurst* (Royal Victoria Hospital, Montreal); Lieut. (N/S) *L. E. Bibby* (Hotel Dieu Hospital, Kingston); *M. F. Cascaden* (Brandon General Hospital); *Anne Halabuza* (Grey Nuns' Hospital, Regina); *Mary M. MacDonald* (Misericordia Hospital, Edmonton); *Madeline Taylor* (Montreal General Hospital); *Velma G. MacKenzie* (Brockville General Hsopital); *Dorothy M. Knight* (Victoria Hospital, London, Ont.); *Frances J. Tomkins* (Victoria Hospital, Winnipeg).

Ontario Public Health Nursing Service

Edith Thompson (Toronto General Hospital and University of Toronto public health course) has resigned her position with the Kingston Board of Health.

Helen Etherington (St. Catharines General Hospital and University of Toronto public health course) has resigned her position with the International Nickel Company at Copper Cliff to accept an appointment with the B. C. Department of Health.

Helen Carpenter, B.S., M.P.H. (School of Nursing, University of Toronto diploma course; Bachelor of Science, Teachers College, Columbia University; Master of Public Health, Johns Hopkins University) has been appointed supervisor of nurses, East York Health Department.

Louise Grover (Toronto General Hospital and University of Toronto public health course) and *Nora Kenny* (Guelph Generalr Red Cross to accept an appointment with the Markham Township Board of Health.

Isabelle Lucas (Grant Macdonald Training School, Toronto, and McGill University) has accepted a position with the Kirkland-Larder Lake Health Unit.

Anne Jack (Hamilton General Hospital and University of Toronto public health course) and *Nora Kenny* (Guelph General Hospital and University of Toronto public health course), formerly nursing sisters with the R.C.A.M.C., have joined the staff of the Welland-Crowland Health Unit.

Mary Mason (Toronto General Hospital and University of Toronto public health course) and *Nora Kenny* (Guelph General R.C.A.M.C., has accepted a position with the Northumberland and Durham Counties Health Unit.

Irene Martin (Hotel Dieu, Cornwall, and McGill University) and *Norma Tonkin* (Toronto Western Hospital and University of Toronto public health course) have accepted positions with the Stormont, Dundas and Glengarry Health Unit.

Norah Cunningham, B.A.Sc. (Vancouver General Hospital and University of B.C.) has resigned from the St. Thomas Board of Health to accept the position of senior nurse with Haldimand County School Health Service.

The following graduates of the public health nursing course at the University of Toronto have accepted appointments: *Gladys Aylsworth* (Toronto General Hospital) and *Gwenyth Waller* (Hamilton General Hospital) with the Northumberland and Durham Health Unit; *Hilda Vohman* (Grace Hospital, Toronto) with the St. Catharines-Lincoln County Health Unit; *Margaret Goodes* (Hamilton General Hospital) and *Jean Scrimgoeur* (Toronto General Hospital), formerly nursing sister, R.C.A.M.C., with the St. Catharines-Lincoln County Health Unit; *Mrs. Peter B. (McWilliams) Reid* (Brantford General Hospital) with the Picton Board of Health.

The following graduates of the public health nursing course at the University of Western Ontario have accepted appiontments: *Ruth Burney* (Victoria Hospital, London) with Forest and Sarnia Township; *Patricia Bourke* (St. Joseph's Hospital, London) with the Kirkland-Larder Lake Health Unit; *Marguerite Langdon* (Stratford General Hospital) with the Northumberland and Durham Health Unit; *Janet Folster* (Hospital for Sick Children, Toronto) and *Dorothy Stone* (Brantford General Hospital) with the Oxford County Health Unit; *Ellen Holland* (Victoria Hospital, London) with York Township.

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Relapsing Fever

The extensive epidemics of typhus which swept North Africa during the war have been followed by an epidemic of louse-borne relapsing fever. This is stated by Dr. G. Stuart, Chief of the Epidemic Control Section of the UNRRA European Regional Office, UNRRA Epidemiological Information Bulletin No. 11. More than forty thousand cases were reported up to March, 1945, mainly in Tunisia, but in recent months the outbreak has spread also to Algeria and Morocco.

After World War I, Eastern Europe suffered from extensive epidemics of relapsing fever, and some twenty years ago this disease decimated the population of the semi-arid country south of the North African desert belt. Lately, there have been small outbreaks in southern France and in Rumania, but, so far, there has been no major epidemic in Europe.

Several hundreds of typhus cases have been found among the displaced persons returned from Germany to their native countries.

Cholera appears to be more widespread than usual in China, India and French Indo-China. By the end of June there were eight thousand cases in Chungking. Since 1921, cholera has remained confined to Asia, and, so far, no case has appeared west of Bombay.

Epidemic Diseases in China

Detailed information regarding the prevalence of epidemic diseases in China became available recently for the first time in history. In spite of immense difficulties arising from the war, the Chinese Health Administration increased the number of hsien (county) health centres from 220 in 1937 to 895 in 1943, thus covering 66 per cent

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of the hsiens in unoccupied China. Although returns from these health centres represent only a fraction of the cases of epidemic diseases occurring in China, these data suffice to show the trend and geographical distribution of the major diseases.

According to Dr. J. H. Fan, technical expert at the National Health Administration of China, bubonic plague has spread inland during the war from the coast provinces, where the incidence is greatest, but the provinces around Chungking have not so far been reached. There is another plague centre in Yunnan, which includes localities on the Burma Road, and one in the northwestern provinces. The spread of plague-infected rats was facilitated by primitive methods of transportation of rice resorted to on account of Japanese occupation of ports and railroads. There is some evidence that plague-infected fleas may, on two occasions, have been spread by Japanese planes, but it seems that this alleged attempt of bacterial warfare has been only experimental. At any rate, it has had little importance in comparison with the general spread of the disease.

Under present conditions cholera is perhaps the most feared epidemic disease although in the long run bacillary dysentery causes more deaths and is said to kill more people in China than any other single disease except tuberculosis. Cholera was widespread in 1939 and 1942, and is now once more ravaging the inland provinces, including the province of Szechwan in which Chungking is located. Like dysentery, cholera is most prevalent in southern China.

China has also experienced a marked increase of louse-borne typhus and relapsing fever during the war. These diseases are most prevalent in northern China, but the incidence is high also in the southern provinces of Yunnan and Kwichow where flea-borne typhus also is common. The incidence of relapsing fever has increased steadily during the last five years and is now greater than that of typhus. Typhoid fever and smallpox are of common occurrence, but their incidence is apparently not equal to that of dysentery and cholera.

A tremendous task of combatting epidemic disease in China lies ahead, now the war is over, but the rapid extension of Chinese preventive action under most trying conditions augurs well for the future.

—*UNRRA News.*

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"Nurses on the Home Front"

An exceedingly interesting sketch dramatizing the close co-operation which is possible between the nurses in industry, in hospital, and those doing the visiting in the homes was written by Sister Margaret Mooney, R.H., R.N. Sponsored by the Cornwall Chapter of the Registered Nurses Association of Ontario this playlet aroused considerable interest.

The story centres around the problems which arose in a family when the father received very severe burns in a war-plant necessitating hospitalization. How the wife and children were assisted in their adjustments to this situation, how their morale was boosted by the visits of the nurse is depicted with a sure and humorous touch. Sister Mooney's sketch would provide entertainment for other chapters. Write to her at Hotel Dieu Hospital, Cornwall, if you would like to produce this little play.

Book Reviews

Introduction to Public Health, by Harry S. Mustard, M.D. 259 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 2nd Ed. 1945. Price $3.50.

Reviewed by Kate M. McIlraith, District Superintendent, Ottawa Branch, Victorian Order of Nurses for Canada.

"Introduction to Public Health" is a book which might well be used, not only as a reference for public health nurses, but as a textbook for student nurses in the training school. It should prove invaluable to integrate the social health aspects of nursing in the basic course.

The author deals with the various subjects—obstetrics, pediatrics, communicable diseases, tuberculosis—to mention a few, and at the end of the chapters dealing with each subject he summarizes and lists the public health aspects. Thus, in the student's course, she

could learn to see beyond the care of the patient in the hospital to the community outside and to realize the importance of preventive, as well as curative nursing and the part that she might play in bringing about a realization of the importance of health. It would help her to see the hospital as just one of several community agencies working for the welfare of the patient, rather than as an isolated and complete unit.

Today instructors are seizing every opportunity to emphasize the preventive health and social aspects of nursing from the time the student enters the school of nursing until the completion of her nursing program, and the regular and constant use of this book should prove of inestimable value.

The March of Medicine in Western Ontario, by Edwin Seaborn, M.D., F.A.C.S., Ll.D. 378 pages. Published by The Ryerson Press, 299 Queen St., W., Toronto 2 B. 1st Ed. 1944. Illustrated. Price $6.00.

For those who are interested in the life histories of the men who formed the vanguard of the medical profession, particularly in Western Ontario during the nineteenth century, this book presents a very wide range of biographical outlines. There is much human interest in the rambling accounts of the early medical pioneers. At times, the "march" becomes wearisome through over-emphasis on irrelevant data regarding who was married to whom, the lists of their progeny and similar non-essential information. As a source of this type of vital statistics, the book will doubtless hold interest for those who are more familiar with that geographical area. The tedium is relieved, however, by the descriptions of the difficulties under which this intrepid group worked, of the struggles they had to bring medical care to those in need, by the picture of primitive conditions under which they performed operations. Quite an insight may be gained into the catastrophe of cholera epidemics. Excellent line drawings of many of the personages adds greatly to the interest.

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Placement Service
1001 Vancouver Block, Vancouver, B. C.

The Psychology of Insanity, by Bernard Hart, M.D., F.R.C.P. (Lon.). 172 pages. Published by the Cambridge University Press, England.

First published in 1912, this admirable analysis of the psychological factors inherent in insanity remains an absorbing book. The fourth edition presents no material alterations in the original text indicating the precision and clarity with which Dr. Hart originally surveyed this engrossing subject. With numerous illustrative examples he proceeds with the elucidation of the individual symptoms which are presented, showing the relationship of each to the total picture of the disturbed mind. He uses the scientific approach in proving that a vast proportion of the cases which crowd our mental hospitals result from a conflict between the great primary instincts and the standards and mores the "herd instinct" decrees. Nurses will find the material clear and direct, a ready means of interpreting the queer foibles of which we are all guilty at one time or another, and an aid in understanding some of the eccentricities of their patients.

NEWS NOTES

ALBERTA

RED DEER:

The following officers were recently elected by District 6, A.A.R.N.: chairman, Mrs. Bernice Legge; vice-chairman, Betty Manning; secretary-treasurer, Martha Smith.

At a recent meeting, with about twenty present, the members heard an interesting talg by Dr. G. R. Hancock on "Penicillin and its Use". The association decided to invest in a $50 Victory Bond. At a later gathering in the summer Betty Manning reported on the meetings she had attended in Edmonton to discuss a Nurses Placement Bureau. Martha Smith was appointed as the district representative to the Labour Relations Committee for the province and Miss Manning as representative to the Provincial Placement Bureau.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Gena Bamforth, 54 The Oaks, Bain Ave., Toronto 6.

District 1

A regular meeting of District 1, R.N.A.O., was recently held at the Sarnia General Hospital, with the chairman, May Jones, presiding. The guest speaker, Dr. J. Roberts, Sarnia, gave a most interesting address on "Modern Trends in Surgery".

The highlight of the business meeting was the appointment of a committee to study the standardization of nursing procedures in the District, with Rahno Beamish as chairman. Representatives from Chatham, London and Windsor will be chosen to serve on this committee. May Jones gave a report of the R.N.A.O. annual meeting. Reports from the various sections were also read and adopted.

The following officers were elected due to resignations: secretary-treasurer, Laura Johnston, Memorial Hospital, St. Thomas; Windsor councillor, Mabel Sharpe, Essex County Sanatorium.

District 6

The semi-annual meeting of District 6, R.N.A.O., took place recently at the Ontario Hospital, Cobourg, with the chairman, Mrs. E. Brackenridge, presiding. Interesting reports from chapters, sections, and committees were given. The chapters, reporting on monthly meetings, social activities, and the memorial service for nurses, showed increased interest. Of special interest in the hospital and school of nursing report was the appointment of a part-time social director for the recreational activities of the student nurses at the Nicholls Hospital; the erection of a nurses residence at St. Joseph's Hospital, Peterborough; post-graduate courses for the instructor, operating room and obstetrical supervisors of the Ross Memorial Hospital, Lindsay.

Fifty members and guests were entertained at a banquet. Miss Polson, chairman of Chapter B (Cobourg and Port Hope) welcomed nurses and guests in the evening when they were privileged to hear Dr. A. R. Montgomery, director of hospital services, speak on "Psychiatry in Relation to Nurse Education". Interesting points were expressed by the speaker to an audience of about two hundred and fifty.

When First Real Meals Upset Baby

About 75 per cent of babies are allergic to one food or another say authorities. Which agrees and which does not can only be determined by method of trial. In case such allergic symptoms as skin rash, colic, gas, diarrhea, etc. develop, Baby's Own Tablets will be found most effective in quickly freeing baby's delicate digestive tract of irritating accumulations and wastes. These time-proven tablet triturates are gentle — warranted free from narcotics — and over 40 years of use have established their dependability for minor upsets of babyhood.

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By Edgar Hull and Cecilia M. Perrodin.

A new edition of an outstanding text book. The most important change is the placing of greater emphasis on the principles which determine good nursing practices in the care of medical diseases. 151 illustrations. 641 pages. $4.40.

THE NURSE AND THE LAW

By Gene Harrison. From this book the nurse may get a working knowledge of law sufficient for her own and her patient's welfare. Written by a registered nurse in collaboration with a lawyer, it contains information on the most urgent points with which the nurse should be familiar. 353 pages. $3.75.

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TORONTO

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District 7

Dorothy Riddell, Inspector of Training Schools for Nurses, met recently in a conference with the training school officials and supervisors of the Ontario Hospital, Kingson, to discuss the curriculum for the proposed affiliation in psychiatry for the student nurses from the general hospitals in Eastern Ontario.

The following day the superintendents of nurses from these hospitals, with Miss Riddell, Dr. J. S. Stewart, medical superintendent, E. G. Smith, superintendent of nurses and instructresses from the school of nursing, discussed more fully the plans for this affiliation. Dr. C. H. McCuaig, professor of psychiatry, Queen's University and assistant superintendent of the Ontario Hospital, was also present to offer advice.

The course will consist of psychiatry, 12 hrs., mental hygiene — general and childhood, 15 hrs., psychiatric nursing, 15 hrs., hydrotherapy, 4 hrs., occupational therapy-theory and laboratory, 9 hrs., neurophysiology and endocrinology, 10 hrs. Bedside clinics, ward clinics, morning circles and seminars will be conducted during the course.

SASKATCHEWAN

Moose Jaw Chapter:

Rev. Sr. M. Modesta, Providence Hospital, and S. Hagan, General Hospital, have recently completed their courses in teaching and supervision at McGill University. C. Lennie and J. Cowan have completed courses in teaching and supervision at the University of Manitoba. J. Heighton and J. Purdy are planning to study public health at the same university this coming year. A. Skaftfeld has returned from the University of Toronto where she took the teaching and supervision course. K. Jamieson is with the Department of Public Health in charge of the new V.D. clinic at the Moose Jaw General Hospital.

Humbolt:

The seventh annual reunion of the St. Elizabeth's Hospital Alumnae Association was recently held when the register was signed by twenty-one graduates ranging from 1926 to 1945. Among those returning for the reunion was N/S Caroline Dauk who recently arrived from overseas after seeing service in England, France, Belgium, Holland and Germany. The enjoyable reunion was brought to a close with a wiener roast and sing-song.

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Medicated vapors impinge directly and for extended periods upon diseased respiratory surfaces. This is the method of Vapo-Cresolene. Throat irritability is quickly soothed, coughing and nasal congestion subsides. Used to alleviate whooping cough paroxysms, also for "colds", bronchial asthma and bronchitis. Send for Nurses' literature, Dept. 6, The Vapo-Cresolene Co., 504 St. Lawrence Blvd., Montreal, Canada.

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SASKATOON:

City Hospital:

M. Ballard has been appointed assistant director of nursing. Miss Ballard served with the R.C.A.M.C. for two years in Canada and for twenty-two months in Italy, Sicily, Belgium and Holland.

The following members of the nursing staff of the City Hospital are leaving to take post-graduate courses: M. Jarvis, who has been assistant director of nursing, administration in schools of nursing, McGill University; W. Routledge and G. Laing, teaching and supervision, University of B.C.; F. Odegard, operating room technique, Vancouver General Hospital.

St. Paul's Hospital:

Martha Samletzki, who has been with the Public Health Department as district nurse at Herbert, left recently for the University of St. Louis. This university grants a number of fellowships each year to promising graduates who wish to take advanced work in teaching and supervision or public health. Miss Samletzki has been chosen by her school of nursing as worthy of this opportunity.

REGISTRATION OF NURSES
Province of Ontario

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EXAMINATION
ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on November 21, 22, and 23.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

EDITH R. DICK, Reg. N.
Parliament Buildings, Toronto 2

WANTED

Vancouver General Hospital desires applications from Registered Nurses for **General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available.

Eight-hour day and six-day week. **Salary:** $95 per month living out, plus $19.92 Cost of Living Bonus, plus laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. *Note*: Temporary accommodation at the Hospital can be provided for a few weeks. Apply to:

Miss E. M. Palliser, Director of Nurses, Vancouver General Hospital
Vancouver, B. C.

WANTED

General Duty Nurses, registered or graduates, are required for the **Lady Minto Hospital.** The salary is $90 and $80 per month, with full maintenance. Apply, stating full particulars of qualifications, to:

Lady Minto Hospital, Cochrane, Ont.

WANTED

Applications are invited for the positions of a qualified **X-Ray Technician** and a **Dietitian.** Apply, stating qualifications and salary expected, to:

Sister Superior, Holy Family Hospital, Prince Albert, Sask.

WANTED

Applications are invited for the position of **Superintendent** of Nurses in an 80-bed hospital in **Southern Ontario.** Apply in care of:

Box 8, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P. Q.

WANTED

A **Dietitian** and a **Supervisor** for a **Tuberculosis Annex** are required **immediately** for the **Highland View Hospital, Amherst.** Apply, stating qualifications, to:

Business Manager, Highland View Hospital, Amherst, N. S.

WANTED

Applications are invited for the position of a qualified **Operating Room Supervisor.** Salary, $105 per month. An experienced **X-Ray Technician** is also required. Apply, stating qualifications, age, religion, etc., to:

Superintendent, Glace Bay General Hospital, Glace Bay, N. S.

WANTED

A qualified **Instructress** is required **immediately** for the **Portage la Prairie General Hospital.** Apply, stating qualifications, experience, and salary expected, to:

Superintendent, Portage la Prairie General Hospital, Portage la Prairie, Man.

WANTED

Applications are invited **immediately** for Staff positions with the **Department of Public Health & Welfare, Halifax.** Salary: Registered Nurses with public health course, $1500-$1800; Registered Nurses without public health course, $1320-$1440. Uniforms, cost of living bonus, etc. provided. **Apply,** stating qualifications, age, etc., to:

Supervisor of Nurses, Department of Public Health & Welfare, c/o Dalhousie Clinic Bldg., Halifax, N. S.

WANTED

A class room **Instructress** for a 120-bed hospital. Apply stating qualifications, experience and salary expected to:

The Superintendent, Stratford General Hospital, Stratford, Ont.

WANTED

A qualified **Assistant Instructress** is required **immediately** for a 135-bed hospital. Apply, stating qualifications, experience, and salary expected, to:

Superintendent of Nurses, Royal Inland Hospital, Kamloops, B. C.

WANTED

Two Supervisors, with experience in **Tuberculosis** work, are required for the **Nova Scotia Sanatorium, Kentville, N. S.** Apply, stating particulars and qualifications, to:

Nova Scotia Civil Service Commission, Box 943, Halifax, N. S.

WANTED

A qualified **Instructress** is required **immediately** for the **Sherbrooke Hospital.** Apply, stating qualifications, experience, and salary expected, to:

Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.

WANTED

General Duty Nurses are required for a 350-bed **Tuberculosis Hospital.** Forty-eight and a half hour week, with one full day off. The salary is $100. per month, with full maintenance. Excellent living conditions. Experience unnecessary. Apply, stating age, etc., to:

Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P. Q.

WANTED

Two Registered Nurses are required for **General Duty.** The salary is $100 per month, plus maintenance. Apply to:

Lady Minto Hospital, Chapleau, Ont.